2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2007
Secretary of State

DOCUMENT# P94000000080

Entity Name: NORTH FLORIDA ANESTHESIA GROUP, P.A.

Current Principal Place of Business:

320 SOUTH BONITA AVE
PANAMA CITY, FL 32401

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 189
PANAMA CITY, FL 32402

New Mailing Address:

320 SOUTH BONITA AVE
PANAMA CITY, FL 32401

FEI Number: 59-3213094 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HARE, DIANE C CPA
2589 JENKS AVE.
PANAMA CITY, FL 32405 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: ELZAWAHRY, JOAN MD
Address: 2202 STATE AVE. STE 201
City-St-Zip: PANAMA CITY, FL 32405

Title: D ( ) Delete
Name: WEIGLE, SAMUEL C MD
Address: 320 S BONITA
City-St-Zip: PANAMA CITY, FL 32401

Title: P ( ) Delete
Name: SPENCER, ROGER MD
Address: 206 BUNKERS COVE RD
City-St-Zip: PANAMA CITY, FL 32401

Title: D ( ) Delete
Name: JONES, FRANK
Address: 1213 SAVANNAH DR.
City-St-Zip: PANAMA CITY, FL 32405

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SAMUEL C. WEIGLE, M.D. D 01/24/2007

Electronic Signature of Signing Officer or Director Date