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CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 28 PM 2:32

DOCUMENT # **V05162** **(5)**

1. Corporation Name

PANHANDLE ANESTHESIOLOGY ASSOCIATES, P.A.

Principal Place of Business	Mailing Address
4400 BAYOU BLVD STE 16C PENSACOLA FL 32503 US	4400 BAYOU BLVD STE 16C PENSACOLA FL 32503 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **01/03/1992**
3a. Date of Last Report: **04/25/1994**

21 2. Principal Place of Business	26 2a. Mailing Address
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

4. FEI Number: **59-3099224** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

LORIZ, MARK F M.D.
4400 BAYOU BLVD
STE 16C
PENSACOLA FL 32503

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature required for printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when completing.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	LORIZ, MARK F M.D.	12 NAME	
STREET ADDRESS	4400 BAYOU BLVD STE#16C	13 STREET ADDRESS	
CITY ST ZIP	PENSACOLA FL	14 CITY ST ZIP	
TITLE	VD	21 TITLE	☐ Change ☐ Addition
NAME	QUIJANO, DELANO A M.D.	22 NAME	
STREET ADDRESS	4400 BAYOU BLVD SUITE 16C	23 STREET ADDRESS	
CITY ST ZIP	PENSACOLA FL	24 CITY ST ZIP	
TITLE	SD	31 TITLE	☐ Change ☐ Addition
NAME	ROSS, JR., MORRIS J D.O.	32 NAME	
STREET ADDRESS	4400 BAYOU BLVD STE 16C	33 STREET ADDRESS	
CITY ST ZIP	PENSACOLA FL	34 CITY ST ZIP	
TITLE	TD	41 TITLE	☐ Change ☐ Addition
NAME	BARANGAN, VIRGILIO C M.D.	42 NAME	
STREET ADDRESS	4400 BAYOU BLVD STE 16C	43 STREET ADDRESS	
CITY ST ZIP	PENSACOLA FL	44 CITY ST ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	CUTRONE, FABRIZIO M.D.	52 NAME	
STREET ADDRESS	4400 BAYOU BLVD STE 16C	53 STREET ADDRESS	
CITY ST ZIP	PENSACOLA FL	54 CITY ST ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	MANCOA, MIGUEL Y M.D.	62 NAME	
STREET ADDRESS	4400 BAYOU BLVD STE 16C	63 STREET ADDRESS	
CITY ST ZIP	PENSACOLA FL	64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or added by attachment with an address.

SIGNATURE: Mark F Loriz MD 3/28/95 (904) 477-7042
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0366740 CP