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Feb 12 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # V05162 (5)

1. Corporation Name

PANHANDLE ANESTHESIOLOGY ASSOCIATES, P.A.

Principal Place of Business

4400 BAYOU BLVD
STE 16C
PENSACOLA FL 32503
US

Mailing Address

4400 BAYOU BLVD
STE 16C
PENSACOLA FL 32503-1817
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

01/03/1992

3a. Date of Last Report

03/05/1996

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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME LORIZ, MARK F M.D.
STREET ADDRESS 4400 BAYOU BLVD STE#16C
CITY-ST-ZIP PENSACOLA FL

TITLE VD ☐ DELETE

NAME QUIJANO, DELANO A M.D.
STREET ADDRESS 4400 BAYOU BLVD SUITE 16C
CITY-ST-ZIP PENSACOLA FL

TITLE STD ☐ DELETE

NAME ROSS, JR., MORRIS J D.O.
STREET ADDRESS 4400 BAYOU BLVD STE 16C
CITY-ST-ZIP PENSACOLA FL

TITLE D ☐ DELETE

NAME CUTRONE, FABRIZIO M.D.
STREET ADDRESS 4400 BAYOU BLVD STE 16C
CITY-ST-ZIP PENSACOLA FL

TITLE D ☐ DELETE

NAME MANCOA, MIGUEL Y M.D.
STREET ADDRESS 4400 BAYOU BLVD STE 16C
CITY-ST-ZIP PENSACOLA FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME

Mancoa, Miguel Y M.D.

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing 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 officer 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 on attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARK F. LORIZ

2/6/97

904.477.7042

CR2E034 (9/96)