

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 14, 2000 8:00 am
Secretary of State

03-14-2000 90030 047 ***150.00

DOCUMENT # V05162

1. Entity 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 32503-1907
 US**

041004



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3099224

Applied For
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	LORIZ, MARK F M.D.	
STREET ADDRESS	4400 BAYOU BLVD STE#16C	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	QUIJANO, DELANO A M.D.	
STREET ADDRESS	4400 BAYOU BLVD SUITE 16C	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	STD	<input type="checkbox"/> Delete
NAME	ROSS, JR., MORRIS J D.O.	
STREET ADDRESS	4400 BAYOU BLVD STE 16C	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	CUTRONE, FABRIZIO M.D.	
STREET ADDRESS	4400 BAYOU BLVD STE 16C	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	MANCAO, MIGUEL Y. M	
STREET ADDRESS	4400 BAYOU BLVD STE 16C	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROBERTSON, RALPH MD	
STREET ADDRESS	4400 BAYOU BLVD., SUITE 16C	
CITY-ST-ZIP	PENSACOLA FL	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. I 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: *Mark F. Loriz* Mark F. Loriz, M.D., President (850) 477-7072

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #