
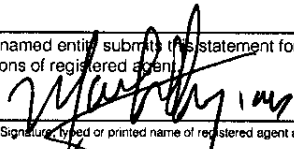
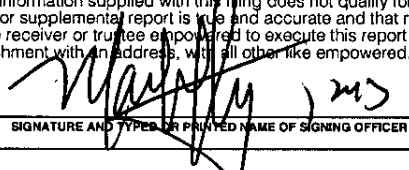


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 17, 2004 8:00 am**  
**Secretary of State**

03-17-2004 90034 041 \*\*\*150.00

<b>DOCUMENT # V05162</b> 1. Entity Name <b>PANHANDLE ANESTHESIOLOGY ASSOCIATES, P.A.</b>					
Principal Place of Business <b>4400 BAYOU BLVD STE 16C PENSACOLA, FL 32503 US</b>			Mailing Address <b>4400 BAYOU BLVD STE 16C PENSACOLA, FL 32503 US</b>		
2. Principal Place of Business <b>4901 GRANDE DR.</b>			3. Mailing Address <b>4901 GRANDE DR.</b>		
Suite, Apt. #, etc. 			Suite, Apt. #, etc. 		
City and State <b>PENSACOLA, FL</b>			City and State <b>PENSACOLA, FL</b>		
Zip <b>32504</b>			Country <b>US</b>		
4. FEI Number <b>59-3099224</b>			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			<b>\$8.75 Additional Fee Required</b>		
6. Name and Address of Current Registered Agent  <b>LORIZ, MARK F M.D. 4400 BAYOU BLVD STE 16C PENSACOLA, FL 32503</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) <b>4901 GRANDE DR.</b>  City <b>PENSACOLA</b> FL Zip <b>32504</b>		
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. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  <b>MARK F. LORIG</b> DATE <b>2/27/04</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LORIZ, MARK F M.D. 4400 BAYOU BLVD STE#16C PENSACOLA, FL	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>4901 GRANDE DR. PENSACOLA, FL 32504</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD QUIJANO, DELANO A M.D. 4400 BAYOU BLVD SUITE 16C PENSACOLA, FL	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>4901 GRANDE DR. PENSACOLA, FL 32504</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD ROSS, JR., MORRIS J D.O. 4400 BAYOU BLVD STE 16C PENSACOLA, FL	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>4901 GRANDE DR. PENSACOLA, FL 32504</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CUTRONE, FABRIZIO M.D. 4400 BAYOU BLVD STE 16C PENSACOLA, FL	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>4901 GRANDE DR. PENSACOLA, FL 32504</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MANCAO, MIGUEL Y. M 4400 BAYOU BLVD STE 16C PENSACOLA, FL	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>4901 GRANDE DR. PENSACOLA, FL 32504</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:  <b>MARK F. LORIG, MD</b> DATE <b>2/27/04</b> DAYTIME PHONE # <b>850.477.7042</b> <small>SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

94030709



02232004 Chg-P CR2E034 (10/03)