2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
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Secretary of State

DOCUMENT# V05162

Entity Name: PANHANDLE ANESTHESIOLOGY ASSOCIATES, P.A.

Current Principal Place of Business:

4901 GRANDE DR.
PENSACOLA, FL 32504 US

New Principal Place of Business:

Current Mailing Address:

4901 GRANDE DR.
PENSACOLA, FL 32504 US

New Mailing Address:

FEI Number: 59-3099224 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LORIZ, MARK F M.D.
4901 GRANDE DR.
PENSACOLA, FL 32504 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

OFFICERS AND DIRECTORS:

Title: PD
Name: LORIZ, MARK F M.D.
Address: 4901 GRANDE DR
City-St-Zip: PENSACOLA, FL 32504

Title: VD
Name: KRYS, ALAN D M.D.
Address: 4901 GRANDE DR.
City-St-Zip: PENSACOLA, FL 32504

Title: STD
Name: ROSS, JR., MORRIS J D.O.
Address: 4901 GRANDE DR.
City-St-Zip: PENSACOLA, FL 32504

Title: D
Name: CUTRONE, FABRIZIO M.D.
Address: 4901 GRANDE DR.
City-St-Zip: PENSACOLA, FL 32504

Title: D
Name: MANCAO, MIGUEL Y. M
Address: 4901 GRANDE DR.
City-St-Zip: PENSACOLA, FL 32504

I hereby 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 all other like empowered.

SIGNATURE: M. LORIZ PRES 04/29/2011

Electronic Signature of Signing Officer or Director Date