

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 26, 2003 8:00 am
Secretary of State

02-26-2003 90151 030 ***150.00

DOCUMENT # V05162

1. Entity 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
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3099224

Applied For

Not Applicable

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

M. F. LORIZ, MD 2/21/03 (850) 477-7042
Date Daytime Phone #

CR2E034 (10/02)