

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 14, 2005 08:00 AM
Secretary of State

DOCUMENT # V63202

1. Entity Name
NORTHWEST FLORIDA SURGERY CENTER, INC.



Principal Place of Business
767 AIRPORT ROAD
PANAMA CITY, FL 32405 US

Mailing Address
767 AIRPORT ROAD
PANAMA CITY, FL 32405 US

DO NOT WRITE IN THIS SPACE



07122005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3123289

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BRYANT, ROWLETT W
833 HARRISON AVENUE
PANAMA CITY, FL 32401

**DO NOT WRITE
IN THIS SPACE**

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
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	T
NAME	ROHAN, MICHAEL M.D.
STREET ADDRESS	408 W 19TH STREET
CITY-ST-ZIP	PANAMA CITY, FL
TITLE	TD
NAME	PARELL, JOSEPH G M.D.
STREET ADDRESS	330 W 23RD STREET
CITY-ST-ZIP	PANAMA CITY, FL
TITLE	PD
NAME	STRINGER, MERLE P MD
STREET ADDRESS	2011 HARRISON AVE
CITY-ST-ZIP	PANAMA CITY, FL 32405
TITLE	VPD
NAME	GOODWILLER, STEVEN E MD
STREET ADDRESS	402 WEST 19TH STREET
CITY-ST-ZIP	PANAMA CITY, FL 32405
TITLE	ASST
NAME	ELZAWAHRY, KAMEL MD
STREET ADDRESS	2202 STATE AVE SUITE 2001
CITY-ST-ZIP	PANAMA CITY, FL 32405
TITLE	S
NAME	SAMUELIAN, RON
STREET ADDRESS	767 AIRPORT RD
CITY-ST-ZIP	PANAMA CITY, FL

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07/14/2005-80012-001 158.75

**DO NOT WRITE
IN THIS SPACE**

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:

Rowlett W Bryant

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-13-05

Date

850-763-1787

Daytime Phone #