

**2025 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P16000083798

**Entity Name:** PANAMA CITY NEUROSURGERY, P.A.

**Current Principal Place of Business:**

15 DOCTORS DRIVE  
PANAMA CITY, FL 32405

**Current Mailing Address:**

15 DOCTORS DRIVE  
PANAMA CITY, FL 32405 US

**FEI Number: 81-4185601**

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

PANAMA CITY NEUROSURGERY, PA  
15 DOCTORS DRIVE  
PANAMA CITY, FL 32405 US

*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:** HEATHER HEDSTROM, MD

03/17/2025

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name HEDSTROM, HEATHER DR.  
Address 1404 COUNTRY CLUB DRIVE  
City-State-Zip: LYNN HAVEN FL 32444

*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:** HEATHER A HEDSTROM

OWNER

03/17/2025

Electronic Signature of Signing Officer/Director Detail

Date