

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# V05162

**Entity Name:** PANHANDLE ANESTHESIOLOGY ASSOCIATES, P.A.**Current Principal Place of Business:**4901 GRANDE DR.  
PENSACOLA, FL 32504**Current Mailing Address:**4901 GRANDE DR.  
PENSACOLA, FL 32504 US**FEI Number:** 59-3099224**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**HERREN, MATTHEW DR.  
4901 GRANDE DR.  
PENSACOLA, FL 32504 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:** MATTHEW HERREN

04/21/2016

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PD  
Name HERREN, MATTHEW M.D.  
Address 4901 GRANDE DR  
City-State-Zip: PENSACOLA FL 32504

Title VD  
Name KRYN, ALAN DM.D.  
Address 4901 GRANDE DR.  
City-State-Zip: PENSACOLA FL 32504

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

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

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

Title DIRECTOR  
Name ALLEYNE, QUAISON N DR.  
Address 4901 GRANDE DR.  
City-State-Zip: PENSACOLA FL 32504

Title DIRECTOR  
Name BOOTH, ASHLEY A DR.  
Address 4901 GRANDE DR.  
City-State-Zip: PENSACOLA FL 32504

Title DIRECTOR  
Name CROLEY, CHRIS W DR.  
Address 4901 GRANDE DR.  
City-State-Zip: PENSACOLA FL 32504

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*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:** HERREN , MATTHEW , DR.

PRESIDENT

04/21/2016

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name FAHRINGER, DAVID L DR.  
Address 4901 GRANDE DR.  
City-State-Zip: PENSACOLA FL 32504

Title DIRECTOR  
Name FLORES, ROB C DR.  
Address 4901 GRANDE DR.  
City-State-Zip: PENSACOLA FL 32504

Title DIRECTOR  
Name GOLDSMITH, WILLIAM W DR.  
Address 4901 GRANDE DR.  
City-State-Zip: PENSACOLA FL 32504

Title DIRECTOR  
Name NGUYEN, KHANH V DR.  
Address 4901 GRANDE DR.  
City-State-Zip: PENSACOLA FL 32504

Title DIRECTOR  
Name FISH, THOMAS T DR.  
Address 4901 GRANDE DR.  
City-State-Zip: PENSACOLA FL 32504

Title DIRECTOR  
Name GALINIS, ANDRIUS J DR.  
Address 4901 GRANDE DR.  
City-State-Zip: PENSACOLA FL 32504

Title DIRECTOR  
Name GRISSOM, RUTH A DR.  
Address 4901 GRANDE DR.  
City-State-Zip: PENSACOLA FL 32504

Title DIRECTOR  
Name SEIDEL, MYRON F DR.  
Address 4901 GRANDE DR.  
City-State-Zip: PENSACOLA FL 32504