

2015 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

03/12/2015

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 KRYSS, 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

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: MATTHEW HERREN

PD

03/12/2015

Electronic Signature of Signing Officer/Director Detail

Date