

2015 FLORIDA PROFIT CORPORATION AMENDED 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

06/15/2015

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 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: MATTHEW HERREN

PRESIDENT

06/15/2015

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