2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2019
Secretary of State
0316427533CC

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Entity Name: PANHANDLE ANESTHESIOLOGY ASSOCIATES, P.A.

Current Principal Place of Business:

4400 BAYOU BLVD
SUITE 16-C
PENSACOLA, FL 32503

Current Mailing Address:

4400 BAYOU BLVD
SUITE 16-C
PENSACOLA, FL 32503 US

FEI Number: 59-3099224

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HERREN, MATTHEW DR.
4400 BAYOU BLVD
SUITE 16-C
PENSACOLA, FL 32503 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 02/19/2019

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	PD	Title	VD
Name	HERREN, MATTHEW DR.	Name	KRYS, ALAN D DR.
Address	4400 BAYOU BLVD SUITE 16-C	Address	4400 BAYOU BLVD SUITE 16-C
City-State-Zip:	PENSACOLA FL 32503	City-State-Zip:	PENSACOLA FL 32503
Title	STD	Title	D
Name	ROSS, JR., MORRIS J DR.	Name	CUTRONE, FABRIZIO DR.
Address	4400 BAYOU BLVD SUITE 16-C	Address	4400 BAYOU BLVD SUITE 16-C
City-State-Zip:	PENSACOLA FL 32503	City-State-Zip:	PENSACOLA FL 32503
Title	D	Title	DIRECTOR
Name	MANCAO, MIGUEL Y. M DR.	Name	ALLEYNE, QUAISON N DR.
Address	4400 BAYOU BLVD SUITE 16-C	Address	4400 BAYOU BLVD SUITE 16-C
City-State-Zip:	PENSACOLA FL 32503	City-State-Zip:	PENSACOLA FL 32503
Title	DIRECTOR	Title	DIRECTOR
Name	BOOTH, ASHLEY A DR.	Name	CROLEY, CHRIS W DR.
Address	4400 BAYOU BLVD SUITE 16-C	Address	4400 BAYOU BLVD SUITE 16-C
City-State-Zip:	PENSACOLA FL 32503	City-State-Zip:	PENSACOLA FL 32503

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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. PD 02/19/2019

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	FAHRINGER, DAVID L DR.
Address	4400 BAYOU BLVD SUITE 16-C
City-State-Zip:	PENSACOLA FL 32503

Title	DIRECTOR
Name	FISH, THOMAS T DR.
Address	4400 BAYOU BLVD SUITE 16-C
City-State-Zip:	PENSACOLA FL 32503

Title	DIRECTOR
Name	FLORES, ROB C DR.
Address	4400 BAYOU BLVD SUITE 16-C
City-State-Zip:	PENSACOLA FL 32503

Title	DIRECTOR
Name	GALINIS, ANDRIUS J DR.
Address	4400 BAYOU BLVD SUITE 16-C
City-State-Zip:	PENSACOLA FL 32503

Title	DIRECTOR
Name	GRISSOM, RUTH A DR.
Address	4400 BAYOU BLVD SUITE 16-C
City-State-Zip:	PENSACOLA FL 32503

Title	DIRECTOR
Name	NGUYEN, KHANH V DR.
Address	4400 BAYOU BLVD SUITE 16-C
City-State-Zip:	PENSACOLA FL 32503

Title	DIRECTOR
Name	SEIDEL, MYRON F DR.
Address	4400 BAYOU BLVD SUITE 16-C
City-State-Zip:	PENSACOLA FL 32503

Title	DIRECTOR
Name	SIVERIO, MANUEL F JR
Address	4400 BAYOU BLVD SUITE 16-C
City-State-Zip:	PENSACOLA FL 32503