

2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V05162

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

01/31/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PD
Name HERREN, MATTHEW DR.
Address 4400 BAYOU BLVD
SUITE 16-C
City-State-Zip: PENSACOLA FL 32503

Title VD
Name KRYSS, ALAN D DR.
Address 4400 BAYOU BLVD
SUITE 16-C
City-State-Zip: PENSACOLA FL 32503

Title STD
Name ROSS, JR., MORRIS J DR.
Address 4400 BAYOU BLVD
SUITE 16-C
City-State-Zip: PENSACOLA FL 32503

Title D
Name CUTRONE, FABRIZIO DR.
Address 4400 BAYOU BLVD
SUITE 16-C
City-State-Zip: PENSACOLA FL 32503

Title D
Name MANCAO, MIGUEL Y. M DR.
Address 4400 BAYOU BLVD
SUITE 16-C
City-State-Zip: PENSACOLA FL 32503

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

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

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

Continues on page 2

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: MANUEL F SIVERIO

DIRECTOR

01/31/2020

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

Title OFFICER
Name BENSON, REGINA P 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 GALINIS, ANDRIUS J 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 SIVERIO, MANUEL F JR
Address 4400 BAYOU BLVD
SUITE 16-C
City-State-Zip: PENSACOLA FL 32503

Title OFFICER
Name MATYI, MARY K
Address 4400 BAYOU BLVD
SUITE 16-C
City-State-Zip: PENSACOLA FL 32503