

**2020 FLORIDA PROFIT CORPORATION AMENDED 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

04/09/2020

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

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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:** MANUEL F SIVERIO

D

04/09/2020

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 OFFICER  
Name HOOVER, NANCY G 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