2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2012
Secretary of State

DOCUMENT# P94000078297

Entity Name: ANESTHESIOLOGY ASSOCIATES OF NORTH FLORIDA, P.A.

Current Principal Place of Business:

6500 NEWBERRY ROAD
GAINESVILLE, FL 32614

New Principal Place of Business:

Current Mailing Address:

2631-A NW 41ST STREET
GAINESVILLE, FL 32606

New Mailing Address:

FEI Number: 59-3275191 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DOYLE, WILLIAM MD
8810 S.W. 45TH BLVD.
GAINESVILLE, FL 32608 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: VP
Name: CLAYTON, PAUL MD
Address: 6500 NEWBERRY ROAD
City-St-Zip: GAINESVILLE, FL 32614

Title: P
Name: DOYLE, WILLIAM A MD
Address: 6500 NEWBERRY ROAD
City-St-Zip: GAINESVILLE, FL 32614

Title: S
Name: GREEN, J. RUSSELL MD
Address: 6500 NEWBERRY ROAD
City-St-Zip: GAINESVILLE, FL 32614

Title: VP
Name: CHAPMAN, ROY L MD
Address: 6500 NEWBERRY ROAD
City-St-Zip: GAINESVILLE, FL 32614

Title: V
Name: HOOGHUIS, LAWRENCE A
Address: 6500 NEWBERRY ROAD
City-St-Zip: GAINESVILLE, FL 32614

Title: V
Name: BENSON, REGINA P DO
Address: 6500 NEWBERRY ROAD
City-St-Zip: GAINESVILLE, FL 32614

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: WILLIAM A. DOYLE PRES 02/23/2012

Electronic Signature of Signing Officer or Director Date