

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 24, 2003 8:00 am**  
**Secretary of State**

04-10-2003 90164 011 \*\*\*150.00

**DOCUMENT # P94000078297**



1. Entity Name  
**ANESTHESIOLOGY ASSOCIATES OF NORTH FLORIDA, P.A.**

Principal Place of Business  
**6500 NEWBERRY ROAD  
GAINESVILLE FL 32614**

Mailing Address  
**2631-A NW 41ST STREET  
GAINESVILLE FL 32606**

**55030571**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3275191**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D CHAPMAN, ROY**  
**6500 NEWBERRY ROAD**  
**GAINESVILLE FL 32614** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D CLAYTON, PAUL**  
**6500 NEWBERRY ROAD**  
**GAINESVILLE FL 32614** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D DOYL, WILLIAM MD**  
**6500 NEWBERRY ROAD**  
**GAINESVILLE FL 32614** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D GAMMAGE, GARY MD**  
**6500 NEWBERRY ROAD**  
**GAINESVILLE FL 32614** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D GREEN, R MD**  
**6500 NEWBERRY ROAD**  
**GAINESVILLE FL 32614** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**See Attached** ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*William A. Doyle* 4/23/03

Date

Daytime Phone #

CR2034 (10/02)

Attachment

58080571  
#F 94000078287

Anesthesiology Associates of North Florida, P.A.

2003 UBR

Officers and Directors

Title: P  
Name: William A. Doyle, MD  
Street Address: 6500 Newberry Road  
City-St-Zip: Gainesville, FL 32614

Title: S  
Name: J. Russell Green, MD  
Street Address: 6500 Newberry Road  
City-St-Zip: Gainesville, FL 32614

Title: T  
Name: Robyne G. Rast, MD  
Street Address: 6500 Newberry Road  
City-St-Zip: Gainesville, FL 32614

Title: VP  
Name: Roy L. Chapman, MD  
Street Address: 6500 Newberry Road  
City-St-Zip: Gainesville, FL 32614

Title: VP  
Name: Paul S. Clayton, MD  
Street Address: 6500 Newberry Road  
City-St-Zip: Gainesville, FL 32614

Title: VP  
Name: Gary Gammage, MD  
Street Address: 6500 Newberry Road  
City-St-Zip: Gainesville, FL 32614

Title: VP  
Name: Anthony R. Gregory, MD  
Street Address: 6500 Newberry Road  
City-St-Zip: Gainesville, FL 32614

Title: VP  
Name: Lawrence A. Hooghuis, MD  
Street Address: 6500 Newberry Road  
City-St-Zip: Gainesville, FL 32614

Title: VP  
Name: Nestor H. Moreno, MD  
Street Address: 6500 Newberry Road  
City-St-Zip: Gainesville, FL 32614

Title: VP  
Name: Jose L. Perez, MD  
Street Address: 6500 Newberry Road  
City-St-Zip: Gainesville, FL 32614

Title: VP  
Name: O. Aldo Seager, MD  
Street Address: 6500 Newberry Road  
City-St-Zip: Gainesville, FL 32614

Officers and Directors

Title: VP  
Name: Katherine B. Walsh, MD  
Street Address: 6500 Newberry Road  
City-St-Zip: Gainesville, FL 32614

Title: VP  
Name: Alan D. Kroll, MD  
Street Address: 6500 Newberry Road  
City-St-Zip: Gainesville, FL 32614

Title: VP  
Name: Alan Holloway, MD  
Street Address: 6500 Newberry Road  
City-St-Zip: Gainesville, FL 32614

Title: VP  
Name: William Sefton, MD  
Street Address: 6500 Newberry Road  
City-St-Zip: Gainesville, FL 32614