2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2009
Secretary of State

DOCUMENT# P08000001557

Entity Name: WOODLANDS MEDICAL SPECIALISTS, P.A.

Current Principal Place of Business:

1717 N. "E" STREET
SUITE 231
PENSACOLA, FL 32501

New Principal Place of Business:

1717 N. E STREET
SUITE 231
PENSACOLA, FL 32501

Current Mailing Address:

1717 N. "E" STREET
SUITE 231
PENSACOLA, FL 32501

New Mailing Address:

1717 N. E STREET
SUITE 231
PENSACOLA, FL 32501

FEI Number: 26-1802830 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BARFIELD, BETHANY
1717 N. "E" STREET
SUITE 231
PENSACOLA, FL 32501 US

Name and Address of New Registered Agent:

BARFIELD, BETHANY
1717 N. E STREET
SUITE 231
PENSACOLA, FL 32501 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: _____ 05/01/2009
Electronic Signature of Registered Agent — Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES ( ) Change (X) Addition
Name: TAN, THOMAS B MD
Address: 1717 N. E. STREET, SUITE 231
City-St-Zip: PENSACOLA, FL 32501

Title: VP ( ) Change (X) Addition
Name: GRESKOVICH, FRANK J MD
Address: 1717 N. E. STREET, SUITE 430
City-St-Zip: PENSACOLA, FL 32501

Title: SEC ( ) Change (X) Addition
Name: FLOYD, NATHAN S MD
Address: 1717 N. E STREET, SUITE 231
City-St-Zip: PENSACOLA, FL 32501

Title: TREA ( ) Change (X) Addition
Name: PATEL, SHAILESH J MD
Address: 1717 N. E STREET, SUITE 231
City-St-Zip: PENSACOLA, FL 32501

Title: DIR ( ) Change (X) Addition
Name: BERNSTEIN, DAVID P MD
Address: 1717 N. E STREET, SUITE 430
City-St-Zip: PENSACOLA, FL 32501

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: THOMAS B. TAN, MD PRES 05/01/2009
Electronic Signature of Signing Officer or Director — Date