2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2012
Secretary of State

DOCUMENT# P08000001557

Entity Name: WOODLANDS MEDICAL SPECIALISTS, P.A.

Current Principal Place of Business:

4724 NORTH DAVIS HIGHWAY
PENSACOLA, FL 32503

New Principal Place of Business:

Current Mailing Address:

4724 NORTH DAVIS HIGHWAY
PENSACOLA, FL 32503

New Mailing Address:

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
4724 NORTH DAVIS HIGHWAY
PENSACOLA, FL 32503 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: PRES
Name: TAN, THOMAS B MD
Address: 4724 NORTH DAVIS HIGHWAY
City-St-Zip: PENSACOLA, FL 32503

Title: VP
Name: BERNSTEIN, DAVID P MD
Address: 4724 NORTH DAVIS HIGHWAY
City-St-Zip: PENSACOLA, FL 32503

Title: SEC
Name: GREEN, PATRICIA C MD
Address: 4724 NORTH DAVIS HIGHWAY
City-St-Zip: PENSACOLA, FL 32503

Title: TREA
Name: INCLAN, ALEJANDRO A MD
Address: 4724 NORTH DAVIS HIGHWAY
City-St-Zip: PENSACOLA, FL 32503

Title: DIR
Name: GRESKOVICH, FRANK J MD
Address: 4724 NORTH DAVIS HIGHWAY
City-St-Zip: PENSACOLA, FL 32503

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: BETHANY BARFIELD CFO 02/23/2012

Electronic Signature of Signing Officer or Director — Date