

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000001557

FILED  
May 01, 2009  
Secretary of State

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