

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000001557

FILED  
Apr 20, 2011  
Secretary of State

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

Title: SEC  
Name: FLOYD, NATHAN S 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: BERNSTEIN, DAVID P 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: THOMAS B TAN

PRES

04/20/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date