

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000001557

Entity Name: WOODLANDS MEDICAL SPECIALISTS, P.A.**Current Principal Place of Business:**4724 NORTH DAVIS HIGHWAY
PENSACOLA, FL 32503**Current Mailing Address:**4724 NORTH DAVIS HIGHWAY
PENSACOLA, FL 32503 US**FEI Number:** 26-1802830**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BARFIELD, BETHANY
4724 NORTH DAVIS HIGHWAY
PENSACOLA, FL 32503 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

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

Title	DIR
Name	CRUZ-CABAN, EMMANUEL MD
Address	4724 NORTH DAVIS HIGHWAY
City-State-Zip:	PENSACOLA FL 32503

Title	VD
Name	OWERA, RAMI
Address	4724 NORTH DAVIS HWY
City-State-Zip:	PENSACOLA FL 32503

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

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

Title	SD
Name	SNOW, KAREN G
Address	4724 NORTH DAVID HWY
City-State-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: FRANK J GRESKOVICH III

MD

03/21/2019

Electronic Signature of Signing Officer/Director Detail_____
Date