

2023 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:**DOLIHTE, CRIS
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:** CRIS DOLIHTE

04/06/2023

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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 PATEL, SHAILESH 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

Title DIR
Name WOLTERS, JEFFREY
Address 4724 N DAVIS 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: DAVID P. BERNSTEIN

PRESIDENT

04/06/2023

Electronic Signature of Signing Officer/Director Detail

Date