

2018 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	RYAN, MARK 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 GRESKOVICHIII**MD****02/05/2018**

Electronic Signature of Signing Officer/Director Detail

Date