

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000098020

FILED
Jan 28, 2008
Secretary of State

Entity Name: ACCENT PHYSICIAN SPECIALISTS, P.A.

Current Principal Place of Business:

4340 NEWBERRY RD.
SUITE 301
GAINESVILLE, FL 32607

New Principal Place of Business:

Current Mailing Address:

4340 NEWBERRY RD.
SUITE 301
GAINESVILLE, FL 32607

New Mailing Address:

FEI Number: 59-3344396

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GLOWASKY, ANN L MD
4340 NEWBERRY RD.
SUITE 301
GAINESVILLE, FL 32607 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: GLOWASKY, ANN L MD
Address: 4340 NEWBERRY RD., STE. 301
City-St-Zip: GAINESVILLE, FL 32607

Title: S () Delete
Name: DIMITROV, EVA A MD
Address: 4340 NEWBERRY RD., STE. 301
City-St-Zip: GAINESVILLE, FL 32607

Title: VP () Delete
Name: RODGERS, LAWRENCE W MD
Address: 4340 NEWBERRY RD., STE 301
City-St-Zip: GAINESVILLE, FL 32607

Title: VP () Delete
Name: MAST, BRUCE A MD
Address: 4340 NEWBERRY RD., STE 301
City-St-Zip: GAINESVILLE, FL 32607

Title: VP () Delete
Name: KERR, BRIAN MD
Address: 4340 NEWBERRY RD. STE 301
City-St-Zip: GAINESVILLE, FL 32607

Title: VP () Delete
Name: KIRK, SOFIA K MD
Address: 4340 NEWBERRY RD STE 301
City-St-Zip: GAINESVILLE, FL 32607

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change () Addition
Name: GLOWASKY, ANN L MD
Address: 4340 NEWBERRY RD., STE. 301
City-St-Zip: GAINESVILLE, FL 32607

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: P (X) Change () Addition
Name: MAST, BRUCE A MD
Address: 4340 NEWBERRY RD., STE 301
City-St-Zip: GAINESVILLE, FL 32607

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: BRUCE A. MAST

P

01/28/2008

Electronic Signature of Signing Officer or Director

Date