

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P95000098020

**Entity Name:** ACCENT PHYSICIAN SPECIALISTS, P.A.**Current Principal Place of Business:**4340 NEWBERRY RD.  
SUITE 301  
GAINESVILLE, FL 32607**Current Mailing Address:**4340 NEWBERRY RD.  
SUITE 301  
GAINESVILLE, FL 32607**FEI Number:** 59-3344396**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ATYEO, WALTER G  
4340 NEWBERRY RD.  
SUITE 301  
GAINESVILLE, FL 32607 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	VP
Name	KERR, BRIAN MD
Address	4340 NEWBERRY RD. STE 301
City-State-Zip:	GAINESVILLE FL 32607

Title	SECRETARY
Name	WERBEL, SANDRA DR.
Address	4340 NEWBERRY RD. SUITE 301
City-State-Zip:	GAINESVILLE FL 32607

Title	VP
Name	DIGMAN, COLLEEN DR.
Address	4340 NEWBERRY RD. SUITE 301
City-State-Zip:	GAINESVILLE FL 32607

Title	PRESIDENT
Name	HALL, DANIEL J DR.
Address	4340 NEWBERRY RD. SUITE 301
City-State-Zip:	GAINESVILLE FL 32607

Title	VP
Name	JEELANI, SADAF DR.
Address	4340 NEWBERRY RD. SUITE 301
City-State-Zip:	GAINESVILLE FL 32607

*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:** DANIEL HALL

P

02/18/2019

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date