

**2016 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 GLOWASKY, ANN LMD  
Address 4340 NEWBERRY RD., STE. 301  
City-State-Zip: GAINESVILLE FL 32607

Title P  
Name KERR, BRIAN MD  
Address 4340 NEWBERRY RD. STE 301  
City-State-Zip: GAINESVILLE FL 32607

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

Title VP  
Name WERBEL, SANDRA 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

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

Title VP  
Name KHUDDUS, NAUSHEEN 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:** BRIAN G. KERR

P

02/02/2016

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