

2017 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 P
Name KERR, BRIAN MD
Address 4340 NEWBERRY RD. STE 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 PETITTO, VIRGINIA DR.
Address 4340 NEWBERRY RD.
SUITE 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 JEELANI, SADAF 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

01/17/2017

Electronic Signature of Signing Officer/Director Detail

Date