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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K64516

(3)

TALLAHASSEE PULMONARY CLINIC, P.A.

FILED
Apr 07 1997 8:00am
Secretary of State



	e of Business	Mailing Address			4 JEBharri alle Billi esens Bridt ifbre e	*** ***** ***** ***	*** ***** ***	
% J. Daniel (1401 Center) Tallahassee	VILLE ROAD. STE GO2	% J. DANIEL DAVIS 1401 CENTERVILLE I TALLAHASSEE FL 33	road. Ste 002	!				
					 Date Incorporated or Qualified 02/09/1989 	į.	of Last I 6/1996	-
2. Princ pal P	lace of Business	2a. Mailing Address			4. FEI Number		A	pplied For
1		26			59-2926846			lot Applicable
Strite April 2	#, etc	Suite, Apt #, etc	.		6. Certificate of Status Desired			Additional Required
City & Stat	(6)	City & State			8. Election Campaign Financing		\$5.00	May Be
9		28			Trust Fund Contribution			l to Fees
Zφ	Country	Zip	Cour	ntry	8. This corporation has liability to		ax under	s. 199.032,
1	25	29	30	·····			No	
	9. Name and Address of Cur	rrent Registered Agent			10. Name and Address of New R	egistered A	gent	
DAV	vis, J. Daniel		Į	81 Name				
140	11 CENTERVILLE ROAD, STE	G02	ŀ	82 Street Ad	dress (P.O. Box Number is Not Accepta	able)		
TAL	LAHASSEE FL 32303		Ŀ					
				83				
			-	84 City			85 Zip	Code
				City		FL	טויב בפן	Code
GNATURE	Signatino type if or porded name of registary	d agent ai d otte it applicable	(NOTE: Registered	Agent signature reg	vired when reinstation)	DATE		
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	1	AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFF	ICERS AND		
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4. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I arr an other 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

CIONATURE AND TYPED OF MUNTED NAME OF SIGNING OFFICER OR DIRECTO

17 97 904-878-874