2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 20, 2004 8:00 am Secretary of State

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DOCUMENT # K64516 1. Entity Name TALLAHASSEE PULMONARY CLINIC, P.A.						01-20-2004 90068 022 ***158.75				
Principal Place of Business Mailing Address						•		ጐ ፟፟፟፟፟፟፟፟፟፟፟፟፟፟፟፟፟፟፟፟፟፟፟፟፟፟፟፟፟፟፟	じふど	
% J. DANIEL DAVIS 1401 CENTERVILLE ROAD, STE GO2 TALLAHASSEE, FL 32308		% J. DANIEL DAVIS 1401 CENTERVILLE ROAD, STE G TALLAHASSEE, FL 32308		602						
2. Principal Place of Business		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.				01062004	Chg-P	CR2E	034 (10/03)	
City & State		City & State			4. FEI Number 59-2926846			Applied For Not Applicable		
Zip 	Country Zip Co		Count	ry 		-5. Certificate of			\$8.75 Add Fee Required	tional
		Name		7. Name and	Address of Ne	w megistered	Agent			
DAVIS, J. DANIEL				Name						
	TERVILLE ROAD, STE G02 SSEE, FL 32303			Street Address (P.O. Box Number is Not Acceptable)						
V- 122	,, = 3,000	·								
				City	FL Zip Code					
8. 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. I am familiar with the obligations of registered agent.								and accept		
									·	
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE										
Fil.	n Finan- bution.	cing	\$5. Add	00 May Be ed to Fees				f		
10.	OFFICERS AND I	DIRECTORS	11.				CHANGES TO	OFFICERS AN	D DIRECTORS	IN 11
TITLE NAME STREET ADDRESS	D Delete BAILEY, CLIFTON J. 5976 MILLER LANDING COVE			ET ADDRESS 253		vp po, Carlo 39 Noble	Drive	>-	□ Changé	Addition
CITY-ST-ZIP	TALLAHASSEE, FL			ST-ZIP	- 4-7	Mahassa			Channa .	Addition
TITLE NAME	DAVIS, J. DANIEL	☐ Delete	TITLE NAME		ra to	I, Prafu Meadon	LB.	01	☐ Change	Agonion
STREET ADDRESS	1538 SPRUCE AVENUE			ET ADDRESS ST-ZIP	489	Meadow	, Kidge	KC		
CITY-ST-ZIP	TALLAHASSEE, FL	, Delete	TITLE		10	llahasse	ictL;	32310	Change	, Addition
NAME	DOLLY, F. RAY	, - Dente	NAME	~	•		. ,		- C Onlange	, Accident
STREET ADDRESS	1248 PENNY LANE			ET ADDRESS						
CITY-ST-ZIP	TALLAHASSEE, FL		-	ST-ZIP					Change	Addition
title Name	HUANG, DAVID Y	☐ Delete	TITLE NAME						☐ Change	☐ Addition
STREET ADDRESS	3681 LETITIA LANE			ET ADDRESS						
CITY-ST-ZIP	TALLAHASSEE, FL 32312		-	-ST-ZIP					Change	Addition
TITLE NAME		_bes Delete	TITLE							Addition
STREET ADDRESS	5596 PIMLICO DRIVE			ET ADDRESS		. '				
CITY-ST-ZIP	TALLAHASSEE, FL. 32309		+	ST-ZIP		· · · ·				
. TITLE NAME	ر المستقد المستقد على المستقد	' ☐ Delete '	TITLE	7	_		_		Change	Addition
STREET ADDRESS	Section 12 Control of the Control of	,	STREE	ET ADDRESS			•			
CITY-ST-ZIP	partify that the information supplied with	this filing doos t = -14 f	J	-ST-ZIP	d in C	otion 110.07(0)(") Floring Chair		aveif, also as els	formation

I 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 report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #