


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 23, 2007 8:00 am**  
**Secretary of State**

02-23-2007 90020 034 \*\*\*150.00

**DOCUMENT # K64516**


1. Entity Name  
**TALLAHASSEE PULMONARY CLINIC, P.A.**



Principal Place of Business      Mailing Address

% J. DANIEL DAVIS      % J. DANIEL DAVIS  
 1401 CENTERVILLE ROAD, STE G02      1401 CENTERVILLE ROAD, STE G02  
 TALLAHASSEE, FL 32308      TALLAHASSEE, FL 32308

40023141 / 1151



2. Principal Place of Business - No P.O. Box #      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

01122007      Chg-P      CR2E034 (12/06)

4. FEI Number      Applied For  
**59-2926846**      Not Applicable

5. Certificate of Status Desired            **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**DAVIS, J. DANIEL**  
 1401 CENTERVILLE ROAD, STE G02  
 TALLAHASSEE, FL 32303

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

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, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.            **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	D	<input type="checkbox"/> Delete
NAME	BAILEY, CLIFTON J	
STREET ADDRESS	5976 MILLER LANDING COVE	
CITY-ST-ZIP	TALLAHASSEE, FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	DAVIS, J. DANIEL	
STREET ADDRESS	1538 SPRUCE AVENUE	
CITY-ST-ZIP	TALLAHASSEE, FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	DOLLY, F. RAY	
STREET ADDRESS	1248 PENNY LANE	
CITY-ST-ZIP	TALLAHASSEE, FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	HUANG, DAVID Y	
STREET ADDRESS	3681 LETITIA LANE	
CITY-ST-ZIP	TALLAHASSEE, FL 32312	
TITLE	VP	<input type="checkbox"/> Delete
NAME	THABES, JOHNS S MD	
STREET ADDRESS	5596 PIMLICO DRIVE	
CITY-ST-ZIP	TALLAHASSEE, FL 32309	
TITLE	VP	<input type="checkbox"/> Delete
NAME	CAMPO, CARLOS E	
STREET ADDRESS	2539 NOBLE DRIVE	
CITY-ST-ZIP	TALLAHASSEE, FL 32308	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Patai, Prafu B.	
STREET ADDRESS	489 Meadow Ridge Dr.	
CITY-ST-ZIP	Tallahassee, FL 32312	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2202 Gates Dr.	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2910 Springfield	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:** \_\_\_\_\_      **2/25/07**      **Date**      **Daytime Phone #**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ATTACHMENT

40023141

# K64516

FILING INSTRUCTIONS

2007 UNIFORM BUSINESS REPORT

**CLIENT COPY**

**SIGNATURE AND DUE DATE:**

THE ORIGINAL COPY SHOULD BE SIGNED AND DATED BY AN OFFICER OF THE CORPORATION WITH HIS/HER TITLE INDICATED AND MAILED ON OR BEFORE MAY 1, 2007. BUT WE RECOMMEND AS SOON AS POSSIBLE.

**WHERE TO FILE:**

DIVISION OF CORPORATIONS  
P.O. BOX 1500  
TALLAHASSEE, FL 32302-1500

**PAYMENT:**

A CHECK PAYABLE TO THE DEPARTMENT OF STATE IN THE AMOUNT OF \$150.00 SHOULD ACCOMPANY THE RETURN.

**FILING PROCEDURES:**

IT IS RECOMMENDED THAT ALL RETURNS OR CHECKS MAILED TO THE DEPARTMENT OF STATE, BE MAILED BY CERTIFIED MAIL AND HAND DELIVERED TO THE POST OFFICE. THE RECEIPT RECEIVED, SHOULD BE ATTACHED TO YOUR COPY OF THE RETURN.

**\*\* PLEASE NOTE: AFTER MAY 1, 2007, THE ANNUAL FEE INCREASES TO \$550.00**