

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K64516

FILED
Apr 16, 2009
Secretary of State

Entity Name: TALLAHASSEE PULMONARY CLINIC, P.A.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-2926846 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BAILEY, CLIFTON J
Address: 5976 MILLER LANDING COVE
City-St-Zip: TALLAHASSEE, FL

Title: D () Delete
Name: DAVIS, J. DANIEL
Address: 1538 SPRUCE AVENUE
City-St-Zip: TALLAHASSEE, FL

Title: D () Delete
Name: DOLLY, F. RAY
Address: 2202 GATES DR.
City-St-Zip: TALLAHASSEE, FL

Title: VP () Delete
Name: HUANG, DAVID Y
Address: 3681 LETITIA LANE
City-St-Zip: TALLAHASSEE, FL 32312

Title: VP () Delete
Name: THABES, JOHNS S MD
Address: 2916 SPRINGFIELD
City-St-Zip: TALLAHASSEE, FL 32309

Title: VP () Delete
Name: CAMPO, CARLOS E
Address: 2539 NOBLE DRIVE
City-St-Zip: TALLAHASSEE, FL 32308

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change () Addition
Name: BAILEY, CLIFTON J
Address: 5976 MILLER LANDING COVE
City-St-Zip: TALLAHASSEE, FL

Title: VP (X) Change () Addition
Name: DAVIS, J. DANIEL
Address: 1538 SPRUCE AVENUE
City-St-Zip: TALLAHASSEE, FL

Title: VP (X) Change () Addition
Name: DOLLY, F. RAY
Address: 2202 GATES DR.
City-St-Zip: TALLAHASSEE, FL

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: PATEL, PRAFUL B
Address: 8017 OAK GROVE PLANTATION RD
City-St-Zip: TALLAHASSEE, FL 32312

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: PRAFUL PATEL

VP

04/16/2009

Electronic Signature of Signing Officer or Director

_____ Date