

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Jan 26, 1999 8:00am  
Secretary of State

01-26-1999 90031 017 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

1999

DOCUMENT # K64516

1. Corporation Name

TALLAHASSEE PULMONARY CLINIC, P.A.

Principal Place of Business

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

Mailing Address

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/09/1989

4. FEI Number

59-2926846

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

Trust Fund Contribution

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

☐ Yes

☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE  
NAME BAILEY, CLIFTON J.  
STREET ADDRESS 5976 MILLER LANDING COVE  
CITY-ST-ZIP TALLAHASSEE FL

TITLE D ☐ DELETE  
NAME DAVIS, J. DANIEL  
STREET ADDRESS 1538 SPRUCE AVENUE  
CITY-ST-ZIP TALLAHASSEE FL

TITLE D ☐ DELETE  
NAME DOLLY, F. RAY  
STREET ADDRESS 1248 PENNY LANE  
CITY-ST-ZIP TALLAHASSEE FL

TITLE D ☐ DELETE  
NAME WASSON, KENNETH R.  
STREET ADDRESS 133 OAK STREET, #19  
CITY-ST-ZIP TALLAHASSEE FL

TITLE T ☐ DELETE  
NAME HUANG, DAVID Y  
STREET ADDRESS 518 VINEDGE RD  
CITY-ST-ZIP TALLAHASSEE FL 32303

TITLE T ☐ DELETE  
NAME THALES, JOHNS S MD  
STREET ADDRESS 2916 SPRINGFIELD DR  
CITY-ST-ZIP TALLAHASSEE FL 32312

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 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 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)