


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 13, 2006 08:00 AM
Secretary of State

DOCUMENT # K64516 1. Entity Name TALLAHASSEE PULMONARY CLINIC, P.A.	
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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
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01062006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2926846	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent DAVIS, J. DANIEL 1401 CENTERVILLE ROAD, STE G02 TALLAHASSEE, FL 32303
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**DO NOT WRITE
IN THIS SPACE**

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, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAILEY, CLIFTON J. 5976 MILLER LANDING COVE TALLAHASSEE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAVIS, J. DANIEL 1538 SPRUCE AVENUE TALLAHASSEE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOLLY, F. RAY 1248 PENNY LANE TALLAHASSEE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HUANG, DAVID Y 3681 LETITIA LANE TALLAHASSEE, FL 32312
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP THABES, JOHNS S MD 5596 PIMLICO DRIVE TALLAHASSEE, FL 32309
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CAMP, CARLOS E 2539 NOBLE DRIVE TALLAHASSEE, FL 32308

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01/18/06-80033-020 150.00

**DO NOT WRITE
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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: *Cliff Bailey* 1/11/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #