

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K64516

Entity Name: TALLAHASSEE PULMONARY CLINIC, P.A.**Current Principal Place of Business:**1607 ST. JAMES COURT
TALLAHASSEE, FL 32308**Current Mailing Address:**1607 ST. JAMES COURT
TALLAHASSEE, FL 32308 US**FEI Number:** 59-2926846**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**HUANG, DAVID Y DR.
1607 ST. JAMES COURT
TALLAHASSEE, FL 32308 US*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:** DAVID Y HUANG

02/06/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title VP
Name DOLLY, F. RAY DR.
Address 2202 GATES DR.
City-State-Zip: TALLAHASSEE FL

Title VP
Name HUANG, DAVID Y DR.
Address 3681 LETITIA LANE
City-State-Zip: TALLAHASSEE FL 32312

Title VP
Name THABES, JOHNS S DR.
Address 5596 PIMILICO
City-State-Zip: TALLAHASSEE FL 32309

Title VP
Name HASAN, MUHANAD DR.
Address 4633 SPARROWHAWK COURT
City-State-Zip: TALLAHASSEE FL 32309

Title VP
Name FERNANDEZ, ALBERTO L DR.
Address 2826 WEST HANNON HILL DRIVE
City-State-Zip: TALLAHASSEE FL 32309

Title VP
Name CAMPO, CARLOS DR.
Address 1740 HIGHLAND PLACE
City-State-Zip: TALLAHASSEE FL 32308

Title VP
Name BAILEY, CLIFTON J
Address 6015 MILLER LANDING ROAD
City-State-Zip: TALLAHASSEE FL 32312

I hereby 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 all other like empowered.

SIGNATURE: HUANG , DAVID , Y , DR.

RA

02/06/2019

Electronic Signature of Signing Officer/Director Detail

Date