

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# K64516

**Entity Name:** TALLAHASSEE PULMONARY CLINIC, P.A.**Current Principal Place of Business:**

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

**Current Mailing Address:**

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

**FEI Number:** 59-2926846**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**

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

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title VP  
Name BAILEY, CLIFTON J DR.  
Address 5976 MILLER LANDING COVE  
City-State-Zip: TALLAHASSEE FL

Title VP  
Name DAVIS, J. DANIEL DR.  
Address 1538 SPRUCE AVENUE  
City-State-Zip: TALLAHASSEE FL

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 PATEL, PRAFUL B DR.  
Address 8017 OAK GROVE PLANTATION RD  
City-State-Zip: TALLAHASSEE FL 32312

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

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*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:** BAILEY , CLIFTON J , DR.

MGR

02/04/2015

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title VP  
Name GRAY, JOSEPH DR.  
Address 1330 CONSTITUTION PLACE  
City-State-Zip: TALLAHASSEE FL 32308

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