

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K64516

FILED  
Feb 21, 2011  
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

**OFFICERS AND DIRECTORS:**

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

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

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

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

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

Title: VP  
Name: PATEL, PRAFUL B  
Address: 8017 OAK GROVE PLANTATION RD  
City-St-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: CARLOS CAMPO

VP

02/21/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date