

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K64516

FILED  
Jan 09, 2012  
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: CLIFTON BAILEY

VP

01/09/2012

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

\_\_\_\_\_  
Date

K64516

## MOORE, ELLISON & MCDUFFIE, CPA'S, PA

1/9/12

CHARLETTE L. MOORE, C.P.A.  
LEA ANN ELLISON, C.P.A.  
C. GLEN McDUFFIE, C.P.A.

2627 MITCHAM DRIVE  
TALLAHASSEE, FLORIDA 32308

MEMBER  
AMERICAN INSTITUTE OF  
CERTIFIED PUBLIC ACCOUNTANTS  
FLORIDA INSTITUTE OF  
CERTIFIED PUBLIC ACCOUNTANTS  
PRIVATE COMPANIES  
PRACTICE SECTION

TERESA FAULKENBERRY, C.P.A., CFP®  
KRISTIE E. DEBOER, C.P.A.  
CHRISTOPHER GREEN, C.P.A.

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FAX (850) 878-8491  
EMAIL: cpas@memcpas.com  
www.memcpas.com

January 9, 2012

**CERTIFIED MAIL: 7011 0110 0000 3735 3996**

Florida Department of State  
Division of Corporations  
P.O. Box 6198  
Tallahassee, FL 32314

RE: Tallahassee Pulmonary Clinic Annual Report  
Document Number: K64516

Dear Sir or Madam:

Please ensure these officers have been added to Tallahassee Pulmonary Clinic's Annual Report for 2012. Document number is K64516.

VP  
Muhanad A Hasan  
1692 Harbor Club Drive  
Tallahassee, FL 32308

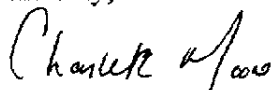
VP  
Joseph Gray, MD  
1330 Constitution Place  
Tallahassee, FL 32308

VP  
Alberto L. Fernandez, MD  
826 Hannon Hill Drive  
Tallahassee, FL 32309

VP  
Carlos Campo  
1740 Highland Place  
Tallahassee, FL  
32308

Should you have any questions, please contact our office.

Sincerely,



Charlette L. Moore, CPA  
For the Firm

CLM/gh  
Enclosures