

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000033673 (0)

1. Corporation Name

TALLAHASSEE PRIMARY CARE ASSOCIATES, P.A.

Principal Place of Business

1511 SURGEONS DRIVE, STE. A
TALLAHASSEE FL 32308

Mailing Address

1511 SURGEONS DRIVE, STE. A
TALLAHASSEE FL 32308

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/15/1996

3a. Date of Last Report

4. FEI Number

59-3374015

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

WEIDNER, DONALD E
10161 CENTURION PARKWAY NORTH, STE. 190
JACKSONVILLE FL 32256

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent Signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME ARMSTRONG, JEFFREY L
STREET ADDRESS 2727 CAPITAL MEDICAL BLVD.
CITY-ST-ZIP TALLAHASSEE FL 32308 ☒ DELETE

TITLE D
NAME CHAPMAN, CAROLYN
STREET ADDRESS 2412 W. PLAZA DR
CITY-ST-ZIP TALLAHASSEE FL 32308 ☒ DELETE

TITLE D
NAME COHEN, MATTHEW M
STREET ADDRESS 2884B REMINGTON GREEN CIRCLE
CITY-ST-ZIP TALLAHASSEE FL 32308 ☒ DELETE

TITLE D
NAME HELLGREN, TRACEY E
STREET ADDRESS 1160 APALACHEE PKWY
CITY-ST-ZIP TALLAHASSEE FL 32301 ☒ DELETE

TITLE D
NAME HEMPEL, KARL F
STREET ADDRESS 1511 SURGEONS DR., STE. A
CITY-ST-ZIP TALLAHASSEE FL 32308 ☒ DELETE

TITLE D
NAME HICKS, THOMAS L
STREET ADDRESS 3258 N. MONROE ST.
CITY-ST-ZIP TALLAHASSEE FL 32303 ☒ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Terence McCoy, MD (Vice President) ☒ Change ☒ Addition
1.2 NAME 2412 W. Plaza Drive.
1.3 STREET ADDRESS Tallahassee, Florida 32301
1.4 CITY-ST-ZIP

2.1 TITLE Gary Winchester MD (Surgeon) ☒ Change ☒ Addition
2.2 NAME 1511 Surgeons Dr. Suite A
2.3 STREET ADDRESS Tallahassee, Florida 32308
2.4 CITY-ST-ZIP

3.1 TITLE Charles Ross, MD (S) ☐ Change ☒ Addition
3.2 NAME 1205 Marion
3.3 STREET ADDRESS Tallahassee, Florida 32308
3.4 CITY-ST-ZIP

4.1 TITLE Louis St. Pety, MD (S) ☐ Change ☒ Addition
4.2 NAME 1132 Lee Ave
4.3 STREET ADDRESS Tallahassee, Florida 32308
4.4 CITY-ST-ZIP

5.1 TITLE William Kipper, MD (S) ☐ Change ☒ Addition
5.2 NAME 1885 Professional Circle
5.3 STREET ADDRESS Tallahassee, Florida 32308
5.4 CITY-ST-ZIP

6.1 TITLE 40000228987 ☐ Change ☐ Addition
6.2 NAME -09/10/97--01118--001
6.3 STREET ADDRESS ***165.00 ***165.00
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

[Signature]

[Signature]

9/4/97

FILED

97 SEP -8 PM 7:52

SECRETARY OF STATE
TALLAHASSEE FLORIDA



71

CR2E034 (4/97)



Tallahassee Primary Care Associates, P.A.

1731 Riggins Road
Tallahassee, Florida 32308
(904) 656-5545 Fax (904) 656-3010

②

Karl Hempel, M.D., President
Terence McCoy, M.D., Vice-President
Gary Winchester, M.D., Treasurer

Secretaries:

Carolyn Chapman, M.D.
Susan Cross, M.D.
Laurie Hult, M.D.
David Kaproth, M.D.
Julie Kelch, M.D.
Bill Kepper, M.D.
Esalas Lee, M.D.
Charles Long, M.D.
Robert Middlemas, M.D.
Samuel Moorer, M.D.
John Ness, M.D.
Whit Oliver, M.D.
Laura Preston, M.D.
Fred Ross, M.D.
Julia St. Petery, M.D.
Louis St. Petery, M.D.
Chris VanSickle, M.D.
Michael Wilhoit, M.D.
Edwardo Williams, M.D.

September 4, 1997

Dave Mann, Division Director
Division of Corporation
Department of State

Dear Mr. Mann,

Please see attached check for \$165.00 for Reference Number
P96000033673.
We did not receive the first notice.

Thanks for your assistance in this matter:

Sincerely,

Steven T. Barnes
Steven T. Barnes, Administrator

Steven T. Barnes
Administrator

Beth Nichols
Admin. Assistant