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FILED

Apr 21 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

Mailing Address

~~1511 SURGEONS DRIVE, STE. A~~
TALLAHASSEE FL 32308

~~1511 SURGEONS DRIVE, STE. A~~
TALLAHASSEE FL 32308

1731 Riggins Rd.

1731 Riggins Rd.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

WEIDNER, DONALD E
10181 CENTURION PARKWAY NORTH, STE. 190
JACKSONVILLE FL 32258

3. Date Incorporated or Qualified

04/15/1996

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

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

☐ DELETE

TITLE VP
NAME MCCOY, MD, TERENCE
STREET ADDRESS 2412 W. PLAYA DRIVE
CITY-ST-ZIP TALLAHASSEE FL 32308

☐ DELETE

TITLE T
NAME WINCHESTER, MD, GARY
STREET ADDRESS 1511 SURGEONS DRIVE, STE. A
CITY-ST-ZIP TALLAHASSEE FL 32308

☐ DELETE

TITLE S
NAME LONG, CHARLES
STREET ADDRESS 1205 MARRON
CITY-ST-ZIP TALLAHASSEE FL 32308

☐ DELETE

TITLE S
NAME ST. PETRY, MD, LOUIS
STREET ADDRESS 1132 LEE AVE
CITY-ST-ZIP TALLAHASSEE FL 32308

☐ DELETE

TITLE S
NAME KEPPEL, MD, WILLIAM
STREET ADDRESS 1885 PROFESSIONAL PARK CIR.
CITY-ST-ZIP TALLAHASSEE FL 32308

☐ DELETE

TITLE D
NAME HEMPEL, CHARLES F
STREET ADDRESS 1511 SURGEONS DRIVE, STE. A
CITY-ST-ZIP TALLAHASSEE FL 32308

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

Karl F. Hempel ☒ Change ☐ Addition

14. I 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 annual 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 as an attachment with an address.

SIGNATURE

CR2E034 (10/97)