

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Jan 04, 2001 08:00 AM**
Secretary of State**DOCUMENT # P96000033673**1. Entity Name
TALLAHASSEE PRIMARY CARE ASSOCIATES, P.A.

Principal Place of Business	Mailing Address
1731 RIGGINS RD	1690 RAYMOND DIEHL RD
TALLAHASSEE FL 32308	C-1 TALLAHASSEE FL 32308

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
59-3374015

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

FL

Zip Code

8. 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 _____ **01/04/2001**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	HEMPEL KARL F.	
STREET ADDRESS	1511 SURGEONS DRIVE, STE. A	
CITY-ST-ZIP	TALLAHASSEE FL 32308	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	S	<input type="checkbox"/> Delete
NAME	KEPPER, MD WILLIAM	
STREET ADDRESS	1885 PROFESSIONAL PARK CIR.	
CITY-ST-ZIP	TALLAHASSEE FL 32308	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	S	<input type="checkbox"/> Delete
NAME	WILLIAMS EDUARDO MD	
STREET ADDRESS	1690 RAYMOND DIEHL RD #C-1	
CITY-ST-ZIP	TALLAHASSEE FL 32308	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	S	<input type="checkbox"/> Delete
NAME	LONG CHARLES	
STREET ADDRESS	1205 MARRON	
CITY-ST-ZIP	TALLAHASSEE FL 32308	

TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LONG CHARLES	
STREET ADDRESS	1205 MARION	
CITY-ST-ZIP	TALLAHASSEE FL 32308	

TITLE	T	<input type="checkbox"/> Delete
NAME	WINCHESTER, MD GARY	
STREET ADDRESS	1511 SURGEONS DRIVE, STE. A	
CITY-ST-ZIP	TALLAHASSEE FL 32308	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	V	<input type="checkbox"/> Delete
NAME	ST. PETRY LOUIS MD	
STREET ADDRESS	1690 RAYMOND DIEHL RD #C-1	
CITY-ST-ZIP	TALLAHASSEE FL 32308	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Karl F. Hempel, M.D.

P

01/04/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)