2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2004
Secretary of State

DOCUMENT# P96000033673

Entity Name: TALLAHASSEE PRIMARY CARE ASSOCIATES, P.A.

Current Principal Place of Business:

1803 MICCOSUKEE COMMONS DRIVE
TALLAHASSEE, FL 32308 US

New Principal Place of Business:

1803 MICCOSUKEE COMMONS DRIVE
SUITE 101
TALLAHASSEE, FL 32308 US

Current Mailing Address:

P.O. BOX 12427
TALLAHASSEE, FL 32317 US

New Mailing Address:

FEI Number: 59-3374015 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

YON, DAVID A
313 NORTH MONROE STREET
SUITE 200
TALLAHASSEE, FL 32301 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	V	( ) Delete
Name:	ST. PETERY, LOUIS MD	
Address:	1803 MICCOSUKEE COMMONS DRIVE	
City-St-Zip:	TALLAHASSEE, FL 32308	
Title:	T	( ) Delete
Name:	WINCHESTER, GARY E MD	
Address:	1803 MICCOSUKEE COMMONS DRIVE	
City-St-Zip:	TALLAHASSEE, FL 32308	
Title:	S	( ) Delete
Name:	LONG, CHARLES G MD	
Address:	1803 MICCOSUKEE COMMONS DRIVE	
City-St-Zip:	TALLAHASSEE, FL 32308	
Title:	S	( ) Delete
Name:	WILLIAMS, EDWARDO MD	
Address:	1803 MICCOSUKEE COMMONS DRIVE	
City-St-Zip:	TALLAHASSEE, FL 32308	
Title:	S	( ) Delete
Name:	KEPPER, MD, WILLIAM T MD	
Address:	1803 MICCOSUKEE COMMONS DRIVE	
City-St-Zip:	TALLAHASSEE, FL 32308	
Title:	P	( ) Delete
Name:	HEMPEL, KARL F MD	
Address:	1803 MICCOSUKEE COMMONS DRIVE	
City-St-Zip:	TALLAHASSEE, FL 32308	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: KARL F. HEMPEL, M.D. P 01/09/2004

Electronic Signature of Signing Officer or Director Date