

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000033673

FILED  
Jan 10, 2005  
Secretary of State

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

## Current Principal Place of Business:

1803 MICCOSUKEE COMMONS DRIVE  
SUITE 101  
TALLAHASSEE, FL 32308 US

## New Principal Place of Business:

## 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, EDUARDO MD  
Address: 1803 MICCOSUKEE COMMONS DRIVE  
City-St-Zip: TALLAHASSEE, FL 32308

Title: S ( ) Delete  
Name: KEPPEL, 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: S (X) Change ( ) Addition  
Name: WILLIAMS, GREGORY A DO  
Address: 1803 MICCOSUKEE COMMONS DRIVE  
City-St-Zip: TALLAHASSEE, FL 32308

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, MD

P

01/10/2005

Electronic Signature of Signing Officer or Director

Date