

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000033673

FILED
Feb 17, 2009
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
301 SOUTH BRONOUGH 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, GREGORY A DO
Address: 1803 MICCOSUKEE COMMONS DRIVE
City-St-Zip: TALLAHASSEE, FL 32308

Title: S (X) 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: D (X) Change () Addition
Name: HARRISON, THOMAS G
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 exemption stated in Chapter 119, 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: THOMAS G HARRISON

D

02/17/2009

Electronic Signature of Signing Officer or Director

Date