

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P96000033673

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

**Current Principal Place of Business:**

1803 MICCOSUKEE COMMONS DRIVE  
SUITE 101  
TALLAHASSEE, FL 32308

**Current Mailing Address:**

P.O. BOX 12427  
TALLAHASSEE, FL 32317 US

**FEI Number:** 59-3374015

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

YON, DAVID A  
301 SOUTH BRONOUGH STREET  
SUITE 200  
TALLAHASSEE, FL 32301 US

*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

**Officer/Director Detail :**

Title V  
Name ST. PETERY, LOUIS MD  
Address 1803 MICCOSUKEE COMMONS DRIVE

City-State-Zip: TALLAHASSEE FL 32308

Title S  
Name LONG, CHARLES GMD  
Address 1803 MICCOSUKEE COMMONS DRIVE

City-State-Zip: TALLAHASSEE FL 32308

Title P  
Name HEMPEL, KARL FMD  
Address 1803 MICCOSUKEE COMMONS DRIVE

City-State-Zip: TALLAHASSEE FL 32308

Title T  
Name WINCHESTER, GARY EMD  
Address 1803 MICCOSUKEE COMMONS DRIVE

City-State-Zip: TALLAHASSEE FL 32308

Title D  
Name HARRISON, THOMAS G  
Address 1803 MICCOSUKEE COMMONS DRIVE

City-State-Zip: TALLAHASSEE FL 32308

*I hereby 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 all other like empowered.*

**SIGNATURE:** THOMAS G. HARRISON

**CHIEF EXECUTIVE  
OFFICER**

**01/15/2019**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date