

2022 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 WILLIAMS, GREGORY A.
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****02/11/2022**_____
Electronic Signature of Signing Officer/Director Detail_____
Date