

2023 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 SUITE 101
City-State-Zip:	TALLAHASSEE FL 32308

Title	T
Name	MORSE, WILLIAM L.
Address	1803 MICCOSUKEE COMMONS DRIVE SUITE 101
City-State-Zip:	TALLAHASSEE FL 32308

Title	S
Name	LONG, CHARLES G.
Address	1803 MICCOSUKEE COMMONS DRIVE SUITE 101
City-State-Zip:	TALLAHASSEE FL 32308

Title	D
Name	HARRISON, THOMAS G
Address	1803 MICCOSUKEE COMMONS DRIVE SUITE 101
City-State-Zip:	TALLAHASSEE FL 32308

Title	P
Name	WILLIAMS, GREGORY A.
Address	1803 MICCOSUKEE COMMONS DRIVE SUITE 101
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****01/24/2023**

Electronic Signature of Signing Officer/Director Detail

Date