

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000111163

**Entity Name:** TOWN CENTER MEDICAL SERVICES LLC

**Current Principal Place of Business:**

21 HOSPITAL DRIVE  
120  
PALM COAST, FL 32164

**Current Mailing Address:**

994 WATERFORD POINTE DR  
PORT ORANGE, FL 32127

**FEI Number:** 46-0904659

**Certificate of Status Desired:** No

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

HEMAIDAN, ABIR  
994 WATERFORD POINTE DR.  
PORT ORANGE, FL 32127 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

**Authorized Person(s) Detail :**

Title MGRM  
Name INT. MEDICAL MANAGEMENT &  
CONSULTING LLC  
Address ALHUDA SQUARE, BLD. 30/G W.  
VILLAS, MAZZE  
City-State-Zip: DAMASCUS SY 00000

Title MGR  
Name HEMAIDAN, ABIR  
Address 994 WATERFORD POINTE DR  
City-State-Zip: PORT ORANGE FL 32127

*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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** AMMA HEMAIDAN ,MD

**CEO**

**04/15/2013**

Electronic Signature of Signing Authorized Person(s) Detail

Date