

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000078181

FILED
Apr 10, 2006
Secretary of State

Entity Name: TOWN AND COUNTRY MEDICAL GROUP, LLC

Current Principal Place of Business:

7520 W. WATERS AVENUE, SUITE #5
TAMPA, FL 33615

New Principal Place of Business:

7520 W. WATERS AVENUE
#5
TAMPA, FL 33615

Current Mailing Address:

7520 W. WATERS AVENUE, SUITE #5
TAMPA, FL 33615

New Mailing Address:

FEI Number: 20-3300831 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BILGRAY, PATRICIA
7520 W. WATERS AVENUE, SUITE #5
TAMPA, FL 33615 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

MANAGING MEMBERS/MANAGERS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR () Change (X) Addition
Name: BILGRAY, PATRICIA R
Address: 3646 MARBURY CT.
City-St-Zip: LAND O LAKES, FL 34638 US

Title: MGR () Change (X) Addition
Name: REVELLO, RAUL
Address: 5501 REFLECTIONS BLVD.
City-St-Zip: LUTZ, FL 33558 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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.

SIGNATURE: PATRICIA BILGRAY

MGR

04/10/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date