

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000078181

FILED
Apr 24, 2007
Secretary of State

Entity Name: TOWN AND COUNTRY MEDICAL GROUP, LLC

Current Principal Place of Business:

5901 WEBB RD
TAMPA, FL 33615

New Principal Place of Business:

Current Mailing Address:

5901 WEBB RD
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:

BILGRAY, PATRICIA
5901 WEBB ROAD
TAMPA, FL 33615 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: PATRICIA BILGRAY

04/24/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

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

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

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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

04/24/2007

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