

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000078181

**FILED**  
**Apr 05, 2010**  
**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  
5901 WEBB ROAD  
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: MGR  
Name: BILGRAY, PATRICIA R  
Address: 3646 MARBURY CT.  
City-St-Zip: LAND O LAKES, FL 34638 US

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

I hereby 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 R BILGRAY

MGR

04/05/2010

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