

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000125049

FILED  
Jan 04, 2012  
Secretary of State

Entity Name: T C MEDICAL SUPPLY, LLC

**Current Principal Place of Business:**

3315 SW 13TH ST.  
STE 201  
OCALA, FL 34474

**New Principal Place of Business:**

**Current Mailing Address:**

3315 SW 13TH ST.  
STE 201  
OCALA, FL 34474

**New Mailing Address:**

FEI Number: 71-1013530

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

LUKASIK, GEORGE F  
3315 SW 13TH ST  
SUITE 201  
OCALA, FL 34474 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: CEO  
Name: LUKASIK, GEORGE F  
Address: 3315 SW 13TH ST; STE 201  
City-St-Zip: Ocala, FL 34474

Title: MGRM  
Name: LUKASIK, GEORGE  
Address: 3315 SW 13TH ST; STE 201  
City-St-Zip: Ocala, FL 34474

Title: CFO  
Name: RYAN, MARTIN  
Address: 3315 SW 13TH STREET STE 201  
City-St-Zip: Ocala, FL 34474

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: GL \_\_\_\_\_

CFO

01/04/2012

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