

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000062484

Entity Name: TCS OF SRQ, LLC

FILED  
Apr 02, 2009  
Secretary of State

**Current Principal Place of Business:**

C/O JOHN A. MORAN, ESQ.  
1990 MAIN STREET, SUITE 700  
SARASOTA, FL 34236

**New Principal Place of Business:**

**Current Mailing Address:**

C/O JOHN A. MORAN, ESQ.  
P.O. BOX 3948  
SARASOTA, FL 342303948

**New Mailing Address:**

FEI Number: 43-4394054

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MORAN, JOHN A  
1990 MAIN STREET, SUITE 700  
SARASOTA, FL 34236 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:

**ADDITIONS/CHANGES:**

Title: DR ( ) Change (X) Addition  
Name: JAMES, BRIAN C M.D.  
Address: 3920 BEE RIDGE RD BLDG E STE F  
City-St-Zip: SARASOTA, FL 34233

I hereby certify that the information supplied with this filing does not qualify 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: BRIAN C JAMES, MD

DR

04/02/2009

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