

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000105158

Entity Name: TLC MEDICAL, L.L.C.

**FILED**  
**Feb 10, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

301 WEST PLATT ST  
STE 215  
TAMPA, FL 33606

**New Principal Place of Business:**

**Current Mailing Address:**

301 WEST PLATT ST  
STE 215  
TAMPA, FL 33606

**New Mailing Address:**

FEI Number: 26-3696195

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

TALAKKOTTUR, CHARLES D M.D.  
301 WEST PLATT STREET  
SUITE 215  
TAMPA, FL 33606 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: TALAKKOTTUR, CHARLES D M.D.  
Address: 301 WEST PLATT ST, STE 215  
City-St-Zip: TAMPA, FL 33606

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: AMY L MARTIN

CPA

02/10/2010

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