


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 20, 2005 8:00 am
Secretary of State

07-20-2005 90026 025 ****61.25

DOCUMENT # N10278	
1. Entity Name TOWN & COUNTRY PROFESSIONAL CENTER CONDOMINIUM ASSOCIATION, INC.	

Principal Place of Business C/O JACOB REAL ESTATE SERVICE INC 1200 W PLATT ST STE 204 TAMPA, FL 33606	Mailing Address C/O JACOB REAL ESTATE SERVICE INC PO 14400 TAMPA, FL 33690 US
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50056326



2. Principal Place of Business C/O JACOB REAL ESTATE SERVICES, INC.	3. Mailing Address
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Suite, Apt. #, etc. 115 S. ALBANY AVE.	Suite, Apt. #, etc.
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06292005 Chg-NP CR2E037 (10/03)

City & State TAMPA, FL	City & State
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4. FEI Number 59-2636247	Applied For <input type="checkbox"/> Not Applicable
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Zip 33606	Country USA	Zip	Country
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent JACOB REAL ESTATE SERVICES INC 1200 W. PLATT STREET SUITE 204 TAMPA, FL 33606	
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7. Name and Address of New Registered Agent	
Name JACOB REAL ESTATE SERVICES, INC.	
Street Address (P.O. Box Number is Not Acceptable)	
115 S. ALBANY AVE.	
City TAMPA,	FL Zip Code 33606

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling) DATE _____

**Filing Fee is \$61.25
Due by September 7, 2005**

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROSE, JOEL M.D. 6101 WEBB ROAD, #207 TAMPA, FL 33615 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MCKERNAN, PETER MD 6101 WEBB RD #201 TAMPA, FL 33615 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARRY, BILL MD 6101 WEBB RD #303 TAMPA, FL 33615 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RUGGERI, JOHN 6001 WEBB RD TAMPA, FL 33615 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OMD FAN, YALI 6101 WEBB RD #310 TAMPA, FL 33615 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	- <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/18/2005