


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 22, 2006 08:00 AM
Secretary of State

DOCUMENT # N10278 1. Entity Name TOWN & COUNTRY PROFESSIONAL CENTER CONDOMINIUM ASSOCIATION, INC.	
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Principal Place of Business 6101 WEBB RD. TAMPA, FL 33615	Mailing Address P.O. BOX 2757 TAMPA, FL 33601-2157 US
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03132006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2636247	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent JACOB REAL ESTATE SERVICES INC 115 S. ALBANY AVE. TAMPA, FL 33606

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2006**

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

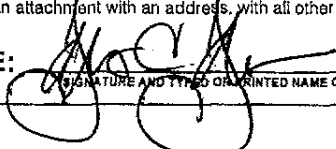
110000047701
04/06/06-80061-020 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD ROSE, JOEL M.D. 6101 WEBB ROAD, #207 TAMPA, FL 33615
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D BARRY, BILL MD 6101 WEBB RD #303 TAMPA, FL 33615
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DS RUGGERI, JOHN 6001 WEBB RD TAMPA, FL 33615
TITLE NAME STREET ADDRESS CITY- ST- ZIP	OMD FAN, YALI 6101 WEBB RD #310 TAMPA, FL 33615
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

3/17/06

Date

813-258-3200

Daytime Phone