

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N10278

**FILED**  
**Feb 28, 2011**  
**Secretary of State**

**Entity Name:** TOWN & COUNTRY PROFESSIONAL CENTER CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

6101 WEBB RD.  
TAMPA, FL 33615

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 2757  
TAMPA, FL 336012157 US

**New Mailing Address:**

**FEI Number:** 65-0410233

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

JACOB REAL ESTATE SERVICES INC  
607 W. BAY STREET  
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

**OFFICERS AND DIRECTORS:**

Title: D  
Name: ROSE, JOEL DO  
Address: 6101 WEBB RD, STE. 207  
City-St-Zip: TAMPA, FL 33615

Title: VP  
Name: FAN, YALI MD  
Address: 5905 WEBB RD  
City-St-Zip: TAMPA, FL 33615

Title: P  
Name: MCKERNAN, PETER MD  
Address: 6101 WEBB RD, STE.211  
City-St-Zip: TAMPA, FL 33615

Title: ST  
Name: GORDDARD, JEFF  
Address: 6101 WEBB RD  
City-St-Zip: TAMPA, FL 33615

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JAMES C. JACOB

RA

02/28/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date