

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000105444

FILED  
Jul 14, 2006  
Secretary of State

Entity Name: TOWN AND COUNTRY MEDICAL, INC.

## Current Principal Place of Business:

3200 SW 34TH AVE  
SUITE 501  
OCALA, FL 34474 US

## New Principal Place of Business:

## Current Mailing Address:

11308 SE 225 DRIVE  
HAWTHORNE, FL 32640

## New Mailing Address:

823 SE 9TH AVE  
OCALA, FL 34471

FEI Number: 59-3482644

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WATSON, WILLIAM B III  
527 EAST UNIVERSITY AVENUE  
GAINESVILLE, FL 32601 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: PANTAGES, ELIZABETH  
Address: 11308 SE 225 DRIVE  
City-St-Zip: HAWTHORNE, FL 32640

Title: V ( ) Delete  
Name: CARN, DAVID  
Address: 27 WINCHESTER RD  
City-St-Zip: ORMOND BEACH, FL 32174

Title: S ( ) Delete  
Name: PANTAGES, JOHN  
Address: 11308 SE 225 DRIVE  
City-St-Zip: HAWTHORNE, FL 32640

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: PANTAGES, ELIZABETH  
Address: 823 SE 9TH AVE  
City-St-Zip: OCALA, FL 34471

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ELIZABETH PANTAGES

OWNE

07/14/2006

Electronic Signature of Signing Officer or Director

Date