2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000105444

Entity Name: TOWN AND COUNTRY MEDICAL INC

FILED Apr 08, 2011 Secretary of State

Entity Nai	ile: TOVVIV AN	ID COUNTRY MEDICAL, INC			
Current Principal Place of Business:			New Principal Place o	New Principal Place of Business:	
2801 SW C SUITE #24 OCALA, FL					
Current Mailing Address:			New Mailing Address	New Mailing Address:	
823 SE 9TI OCALA, FL					
FEI Number:	59-3482644	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
527 EAST	WILLIAM B III UNIVERSITY A LLE, FL 32601				
The above in the State		ubmits this statement for the p	ourpose of changing its registered	office or registered agent, or both,	
SIGNATUR	RE:				
	Electroni	c Signature of Registered Age	ent	Date	
OFFICERS	S AND DIRECT	ORS:			
Title: Name: Address:	P PANTAGES, ELI 823 SE 9TH AVE	i .			

City-St-Zip: OCALA, FL 34471

CARN, DAVID Name: Address: 27 WINCHESTER RD City-St-Zip: ORMOND BEACH, FL 32174

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ELIZABETH A. PANTAGES **PRES** 04/08/2011