

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P97000105444

**FILED**  
**Mar 28, 2012**  
**Secretary of State**

**Entity Name:** TOWN AND COUNTRY MEDICAL, INC.

**Current Principal Place of Business:**

2801 SW COLLEGE RD  
SUITE #24  
OCALA, FL 34474 US

**New Principal Place of Business:**

**Current Mailing Address:**

823 SE 9TH AVE  
OCALA, FL 34471

**New Mailing Address:**

**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

**OFFICERS AND DIRECTORS:**

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

Title: V  
Name: CARN, DAVID  
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 PANTAGES

PRES

03/28/2012

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

\_\_\_\_\_  
Date