

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000105158

**Entity Name:** TLC MEDICAL, L.L.C.

**Current Principal Place of Business:**

5106 NORTH ARMENIA AVENUE  
STE 1  
TAMPA, FL 33603

**Current Mailing Address:**

5106 NORTH ARMENIA AVENUE  
STE 1  
TAMPA, FL 33603

**FEI Number:** 26-3696195

**Certificate of Status Desired:** No

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

TALAKKOTTUR, CHARLES DAVID MD  
5106 NORTH ARMENIA AVENUE  
SUITE 1  
TAMPA, FL 33603 US

*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:** CHARLES D. TALAKKOTTUR

05/01/2017

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name TALAKKOTTUR, CHARLES DAVID MD  
Address 5106 NORTH ARMENIA AVENUE,  
SUITE 1  
City-State-Zip: TAMPA FL 33603

Title MGRM  
Name TALAKKOTTUR, LAURA M  
Address 5106 NORTH ARMENIA AVENUE,  
SUITE 1  
City-State-Zip: TAMPA FL 33603

*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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** LAURA M TALAKKOTTUR

MGRM

05/01/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date