

2014 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: Yes

Name and Address of Current Registered Agent:

TALAKKOTTUR, CHARLES DM.D.
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: _____

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name TALAKKOTTUR, CHARLES DM.D.
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

MANAGER MEMBER

03/31/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date