

**2013 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 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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** LAURA M. TALAKKOTTUR

MANAGER/MEMBER

01/24/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date