

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000111163

Entity Name: TOWN CENTER MEDICAL SERVICES LLC

Current Principal Place of Business:

1690 DUNLAWTON AVE, STE 120
PORT ORANGE, FL 32127

Current Mailing Address:

1690 DUNLAWTON AVE, STE 120
PORT ORANGE, FL 32127 US

FEI Number: 46-0904659

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HEMAIDAN, ABIR
994 WATERFORD POINTE DR.
PORT ORANGE, FL 32127 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 MGRM
Name INT. MEDICAL MANAGEMENT &
CONSULTING LLC
Address ALHUDA SQUARE, BLD. 30/G W.
VILLAS, MAZZE
City-State-Zip: DAMASCUS SY 00000

Title MGR
Name HEMAIDAN, ABIR
Address 994 WATERFORD POINTE DR
City-State-Zip: PORT ORANGE FL 32127

Title MANAGER
Name HEMAIDAN, AMMAR
Address 994 WATERFORD POINT DR
City-State-Zip: PORT ORANGE FL 32127

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: AMMAR HEMAIDAN

MANAGER

04/28/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date