

2020 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 POINT 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 MANAGER
Name HEMAIDAN, ABIR
Address 994 WATERFORD POINT DR
City-State-Zip: PORT ORANGE FL 32127

Title AUTHORIZED MEMBER
Name KORAKLI, MONA
Address 1690 DUNLAWTON AVE, STE 120
SUITE 120
City-State-Zip: PORT ORANGE FL 32127

Title MANAGER
Name HEMAIDAN, RANA
Address 1690 DUNLAWTON AVE
SUITE 120
City-State-Zip: PORT ORANGE FL 32127

Title AUTHORIZED MEMBER
Name HEMAIDAN, AMMAR
Address 1690 DUNLAWTON AVE,
SUITE 120
City-State-Zip: PORT ORANGE FL 32127

Title MANAGER
Name HEMAIDAN, HALA
Address 1690 DUNLAWTON AVE
SUITE 120
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**AUTHORIZED MEMBER****06/08/2020**

Electronic Signature of Signing Authorized Person(s) Detail

Date