

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000019182

FILED  
Jan 05, 2006  
Secretary of State

Entity Name: MEDICAL B & T SERVICES, LLC

**Current Principal Place of Business:**

34041 US HIGHWAY 19 N  
STE A  
PALM HARBOR, FL 34684 US

**New Principal Place of Business:**

**Current Mailing Address:**

34041 US HIGHWAY 19N  
STE A  
PALM HARBOR, FL 34684 US

**New Mailing Address:**

FEI Number: 57-1169135      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

TAUNK, JAWAHAR L  
34041 US HIGHWAY 19 N  
STE A  
PALM HARBOR, FL 34684 US

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

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

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: TAUNK, JAWAHAR L  
Address: 4050 PRESIDENTIAL DRIVE  
City-St-Zip: PALM HARBOR, FL 34685 US

Title: MGR ( ) Delete  
Name: TAUNK, VIJAY L  
Address: 4050 PRESIDENTIAL DRIVE  
City-St-Zip: PALM HARBOR, FL 34685 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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.

SIGNATURE: KUNAL JAIN

CEO

01/05/2006

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date