

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000019182

**Entity Name:** MEDICAL B & T SERVICES, LLC

**Current Principal Place of Business:**

2410 NORTHSIDE DR  
CLEARWATER, FL 33761

**Current Mailing Address:**

2410 NORTHSIDE DR  
CLEARWATER, FL 33761 US

**FEI Number:** 57-1169135

**Certificate of Status Desired:** No

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

KUNAL, JAIN  
6 COPPERWOOD CT  
SAFETY HARBOR, FL 34695 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 TAUNK, JAWAHAR L  
Address 4050 PRESIDENTIAL DRIVE  
City-State-Zip: PALM HARBOR FL 34685

Title MGRM  
Name JAIN, KUNAL  
Address 6 COPPERWOOD CT  
City-State-Zip: SAFETY HARBOR FL 34695

*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:** KUNAL JAIN

**PRESIDENT**

**03/18/2014**

Electronic Signature of Signing Authorized Person(s) Detail

Date