2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 12, 2005
Secretary of State

DOCUMENT# L03000055298

Entity Name: C&K MEDICAL LLC

Current Principal Place of Business:

155 FLEET STREET
PORTSMOUTH, NH 03801

New Principal Place of Business:

4030 WEST BRAKER LANE
SUITE 400
AUSTIN, TX 78759

Current Mailing Address:

155 FLEET STREET
PORTSMOUTH, NH 03801

New Mailing Address:

4030 WEST BRAKER LANE
SUITE 400
AUSTIN, TX 78759

FEI Number: 20-0506113 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

CURTIS, VIRGINIA T
4955 COURTLAND LOOP
WINTER SPRINGS, FL 32708 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/MEMBERS:

Title: MGRM ( ) Delete
Name: CLARK, CHATRICK L
Address: 28 LILAC LANE
City-St-Zip: NEWMARKET, NH 03857

Title: MGR ( ) Delete
Name: CLARK, KURTIS T
Address: 28 LILAC LANE
City-St-Zip: NEWMARKET, NH 03857

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: CLARK, CHATRICK L
Address: 4030 WEST BRAKER LANE SUITE 400
City-St-Zip: AUSTIN, TX 78759

Title: MGR (X) Change ( ) Addition
Name: CLARK, KURTIS T
Address: 4030 WEST BRAKER LANE SUITE 400
City-St-Zip: AUSTIN, TX 78759

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: CHATRICK CLARK MGRM 01/12/2005

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