

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000055298

Entity Name: C&K MEDICAL LLC

FILED
Feb 22, 2006
Secretary of State

Current Principal Place of Business:

4030 WEST BRAKER LANE
SUITE 400
AUSTIN, TX 78759

Current Mailing Address:

4030 WEST BRAKER LANE
SUITE 400
AUSTIN, TX 78759

New Principal Place of Business:

4030 WEST BRAKER LANE
SUITE 401
AUSTIN, TX 78759

New Mailing Address:

4030 WEST BRAKER LANE
SUITE 401
AUSTIN, TX 78759

FEI Number: 20-0506113

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

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/MANAGERS:

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

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

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: CLARK, CHATRICK L
Address: 4030 WEST BRAKER LANE SUITE 401
City-St-Zip: AUSTIN, TX 78759

Title: MGR (X) Change () Addition
Name: CLARK, KURTIS T
Address: 4030 WEST BRAKER LANE SUITE 401
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 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: CHATRICK CLARK

MGRM

02/22/2006

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