

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000089169

Entity Name: TAOS VENTURES, LLC

FILED  
Jan 19, 2007  
Secretary of State

## Current Principal Place of Business:

6600 SW SR 200  
OCALA, FL 34476 US

## New Principal Place of Business:

6600 SW HWY 200  
OCALA, FL 34476 US

## Current Mailing Address:

6505 NW 81ST BLVD  
GAINESVILLE, FL 32653

## New Mailing Address:

6600 SW HWY 200  
OCALA, FL 34476

FEI Number: 72-1620828

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LUCAS, EDWARD  
6505 NW 81ST BLVD  
GAINESVILLE, FL 32653 US

## Name and Address of New Registered Agent:

LUCAS, EDWARD  
6600 SW HWY 200  
OCALA, FL 34471 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:

01/19/2007

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: KOLAVENTY, RAVINDRA  
Address: 1501 SW 42ND ST  
City-St-Zip: OCALA, FL 34474 US

Title: MGRM ( ) Delete  
Name: MED ONE HEALTH CENTE, R LLC  
Address: 6600 SW SR 200  
City-St-Zip: OCALA, FL 34476

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: CENTRAL FLORIDA HEAR, T GROUP LLC  
Address: 6600 SW HWY 200  
City-St-Zip: OCALA, FL 34476 US

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: EDWARD LUCAS

MM

01/19/2007

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