2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 23, 2008
Secretary of State

DOCUMENT# L06000089169

Entity Name: TAOS VENTURES, LLC

Current Principal Place of Business:

6600 SW HWY 200
OCALA, FL 34476 US

New Principal Place of Business:

Current Mailing Address:

6600 SW HWY 200
OCALA, FL 34476

New Mailing Address:

FEI Number: 72-1620828 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

LUCAS, EDWARD
6600 SW HWY 200
OCALA, FL 34471 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:	MGR	( ) Delete
Name:	CENTRAL FLORIDA HEAR, T GROUP LLC	
Address:	6600 SW HWY 200	
City-St-Zip:	OCALA, FL 34476 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:	( ) 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 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 MD 07/23/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date