

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000089169

Entity Name: TAOS VENTURES, LLC

FILED
Jun 22, 2009
Secretary of State

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:

6600 SW HWY 200
OCALA, FL 34476 US

FEI Number: 72-1620828 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
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:

LUCAS, EDWARD
6600 SW HWY 200
SUITE 100/200
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:

06/22/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: CENTRAL FLORIDA HEART GROUP LLC
Address: 6600 SW HWY 200
City-St-Zip: Ocala, FL 34476 US

Title: MGRM () Delete
Name: MED ONE HEALTH CENTER 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

M.D.

06/22/2009

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