



**2007 LIMITED LIABILITY COMPANY.  
ANNUAL REPORT**

**FILED**  
**Apr 09, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # L05000117408</b> 1. Entity Name <b>NOBLE MEDICAL CONSULTING GROUP LLC</b>	
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Principal Place of Business <b>6501 CONGRESS AVENUE SUITE 100 BOCA RATON, FL 33487 US</b>	Mailing Address <b>6501 CONGRESS AVENUE SUITE 100 BOCA RATON, FL 33487 US</b>
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**DO NOT WRITE IN THIS SPACE**



03192007 No Chg-LLC      CR2E083 (11/05)

4. FEI Number <b>20-5201010</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**PRONK, NICO  
6501 CONGRESS AVENUE  
SUITE 100  
BOCA RATON, FL FL**

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IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee Is \$50.00  
Due by May 1, 2007**

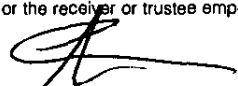
9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM PRONK, NICO 6501 CONGRESS AVE. BOCA RATON, FL 33487</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM HORNE, WAYNE 6501 CONGRESS AVE. BOCA RATON, FL 33487</b>
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04/18/07-80036-009 50.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:**  \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date **4/6/07** Daytime Phone # \_\_\_\_\_