2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L05000117408

1. Entity Name

SUITE 100

NOBLE MEDICAL CONSULTING GROUP LLC



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

Principal Place of Business

Mailing Address

6501 CONGRESS AVENUE

BOCA RATON, FL 33487

6501 CONGRESS AVENUE

SUITE 100

BOCA RATON, FL 33487 U



03192007 No Chg-LLC

CR2E083 (11/05)

4.	FEI Number		匚	Applied For
	20-5201010			Not Applicable
5.	Certificate of Status Desired	1 1 7	.00	Additional

The same of the sa

PRONK, NICO 6501 CONGRESS AVENUE SUITE 100 BOCA RATON, FL FL DO NOT WRITE IN THIS SPACE

_					1	2 57 4				2 . fe	
	named entity submits this statement for the purpose of changions of registered agent.	ing its registere	d office or r	registered	agent, or t	ooth, in the	State of I	Florida. I a	ım famili	ar with, an	d accept
							•				
SIGNATURE_	Signature, typed or printed name of registered agent and title if applicable	(NOTE: Registered	i Agent signature	e required wh	nen reinstating)			DĄT	E.		<u> </u>
Le				i			•		, ·		
isa F	ling Fee is \$50.00		:	•	t		3 .	7	()		
Di	ue by May 1, 2007		, '		,		• • • •		٠.	ci	
9.	MANAGING MEMBERS/MANAGERS		1 d 3 1 1 3	Eggle, F.	3	1. 1. 2.	Strant .	47.		Se (neuer	· 大克克克
TITLE	MGRM				(MIT)	***	Trans		C		
NAME	PRONK, NICO		March Comment	မ်းကြို့	4 Tool 1		uoooo	069733	34) M		
STREET ADDRESS	6501 CONGRESS AVE.		1800		·	0.047	18/07	-80031	5-009	50÷0	$\mathbf{D}_{i} \in \mathbb{N}$
CITY-ST-ZIP	BOCA RATON, FL 33487					grandiga k Storenski sastr		3.5			
TITLE	MGRM			*	ئۇ ئۇرۇپ	sint C	OF DESIGNATION OF THE PERSON O	\$ 13. 0 0.	李安宁	The state	il galle decim
NAME STREET ADDRESS	HORNE, WAYNE 6501 CONGRESS AVE.	*	6.,22.	Sec in	said to the said	杏托分	3. 142.5 ₄	强田数		di kita	rio strict
CITY-ST-ZIP	BOCA RATON, FL 33487					1		ر و د س			
	BOOM INTOIN, I'E GOTO		* * *	•		W. Miles	Series Series		ogginesty. Talendari		
TITLE NAME			2 N. 18	85 (5	rins i	n signific	જા ફિંહ	var gr	3.48	ji wa	
STREET ADDRESS			4.16.		DC		\	VĎii			
CITY-ST-ZIP			3 A		. De) NC	<i>)</i> 'Y	VRI		\$ 40, 24 P	S - 6
TITLE					IN	TÜ	2.2	PAC	F	Fall (18)	學為自
NAME			· Street Sore	n transfer	ં કે	14 (4 July 1		ite dist			ا ز در پیانی
STREET ADDRESS					ا دیون رد پ۳می	9.00 (1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.	. The stages			31	4
CITY-ST-ZIP			13.180								
TITLĘ			8 44 9	2 9 g	ું જું ક્ષેત્ર ફ	lari, Sign	y car	⁽ સો સ્વર્ધું)	B် (၂၅)		
NAME					lo,	100 g	r in the second		ori salakista		
STREET ADDRESS	***		300			Carlor of the	#Îj}``}! €		i i i i i i i i i i i i i i i i i i i	garata ap	
CITY-ST-ZIP							ilyr ag N	E . T. 1	1 3 7 7		graph in
TITLE NAME			, S. J. S. 8		م د دهې د د ر			10 mg	digital di		590 437 594 737
STREET ADDRESS	·					3			acts he		
			(2) (2) (2)(3) (2) (2)(4) (2) (3)(5) (4) (2)(6) (4) (2)(7) (4) (4)(8) (4) (4)(9) (4)(9) (4)(9) (4)(9) (4)(9) (4)<	** ** **	。 (2) 经有产品	_ ** ** *** **	· · · · · · · · · · · · · · · · · · ·	1 2 2 2 2 2 2 2	let and the	88 7 7 TV	`

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 flability 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

46/04

Daytime Phone #