2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 01, 2006
Secretary of State

DOCUMENT# L01000017451

Entity Name: MYNAPLESMD.COM LLC

Current Principal Place of Business:

PO BOX 8164
NAPLES, FL 34101

New Principal Place of Business:

Current Mailing Address:

PO BOX 8164
NAPLES, FL 34101

New Mailing Address:

FEI Number: 56-2343927 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

H, SHARMA
1200 GOODLETTE RD., #8164
NAPLES, FL 34101 US

Name and Address of New Registered Agent:

MD, MD
1200 GOODLETTE RD., #8164
NAPLES, FL 34101 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: MD 04/01/2006
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: H, SHARMA
Address: PO BOX 8164
City-St-Zip: NAPLES, FL 34101

ADDITIONS/CHANGES:

Title: VP (X) Change ( ) Addition
Name: MD, MD
Address: PO BOX 8164
City-St-Zip: NAPLES, FL 34101

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: MD VP 04/01/2006
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date