

# **2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L01000017451

Entity Name: MYNAPLESMD.COM LLC

**FILED**  
**Mar 04, 2007**  
**Secretary of State**

**Current Principal Place of Business:**

PO BOX 8164  
NAPLES, FL 34101

**New Principal Place of Business:**

SUITE 11761  
NAPLES, FL 34101

**Current Mailing Address:**

PO BOX 8164  
NAPLES, FL 34101

**New Mailing Address:**

PO BOX 11761  
NAPLES, FL 34101

FEI Number: 56-2343927

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MD, MD  
1200 GOODLETTE RD., #8164  
NAPLES, FL 34101 US

**Name and Address of New Registered Agent:**

MYNAPLESMD, MYNAPLESMD  
1200 GOODLETTE RD., #11761  
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: MYNAPLESMD

03/04/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

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

**ADDITIONS/CHANGES:**

Title: VP (X) Change ( ) Addition  
Name: MYNAPLESMD, MYNAPLESMD  
Address: PO BOX 11761  
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: MYNAPLESMD

VP

03/04/2007

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