


FILED
Jul 17, 2006 08:00 AM
Secretary of State

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L04000042351		
1. Entity Name GORDON L. HYDE MD CONSULTING, LLC		
Principal Place of Business 6001 PELICAN BAY BLVD, SUITE 703 NAPLES, FL 34108 US		Mailing Address 6001 PELICAN BAY BLVD, SUITE 703 NAPLES, FL 34108 US
DO NOT WRITE IN THIS SPACE		
		07102006 No Chg-LLC CR2E083 (11/05)
		4. FEI Number 20-1384962
		Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required
6. Name and Address of Current Registered Agent		
ROSS, DONALD K JR 599 9TH ST. N. SUITE 300 NAPLES, FL 31402		DO NOT WRITE 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____		
Filing Fee is \$50.00 Due by September 6, 2006		
U000000570552 07/17/06-80006-008 50.00		
9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HYDE, GORDON L MD 6001 PELICAN BAY BLVD., #703 NAPLES, FL 34108	DO NOT WRITE IN THIS SPACE
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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: <u>Gordon L Hyde MD</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE		
Date _____ Daytime Phone # _____		