

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000053430

Entity Name: MD CONSULTING, LLC

FILED
Aug 28, 2006
Secretary of State

Current Principal Place of Business:

5099 KERNWOOD COURT
PALM HARBOR, FL 34685

New Principal Place of Business:

1427 FLORES COURT
TRINITY, FL 34655

Current Mailing Address:

P.O. BOX 328
OLDSMAR, FL 34677

New Mailing Address:

FEI Number: 20-2915449 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

MASON, KEVIN C
5099 KERNWOOD COURT
PALM HARBOR, FL 34685 US

Name and Address of New Registered Agent:

MASON, KEVIN C
1427 FLORES COURT
TRINITY, FL 34655 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: KEVIN C MASON

08/28/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MASON, KEVIN C
Address: 5099 KERNWOOD COURT
City-St-Zip: PALM HARBOR, FL 34685 US

Title: MGR () Delete
Name: DOMINIE, HEATHER
Address: 924 VALLEYVIEW DRIVE
City-St-Zip: PALM HARBOR, FL 34684 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: MASON, KEVIN C
Address: 1427 FLORES COURT
City-St-Zip: TRINITY, FL 34655 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: KEVIN C MASON

MGR

08/28/2006

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