

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 05, 2006 8:00 am
Secretary of State

04-05-2006 90106 001 ***150.00

DOCUMENT # L05000086245

1. Entity Name
MEDICAL NOMAD, LLC



Principal Place of Business
**5551 RIDGEWOOD DRIVE, SUITE 101
NAPLES, FL 34108**

Mailing Address
**5551 RIDGEWOOD DRIVE, SUITE 101
NAPLES, FL 34108**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03242006 Chg-LLC CR2E083 (11/05)

4. FEI Number

Applied For

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**GARLICK, THOMAS B ESQ
C/O GARLICK, STETLER & PEEPLES, LLP
5551 RIDGEWOOD DRIVE, SUITE 101
NAPLES, FL 34108**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
GARLICK, THOMAS B III
423 FILBERT STREET
SAN FRANCISCO, CA 94133** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
LINDLAND, PETER C
1485 PERIWINKLE DRIVE
DELAND, FL 32721** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY-ST-ZIP

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Thomas B. Garlick 3/30/06

239-597-7088

ATTACHMENT 30064226

08400012155

GARLICK, STETLER & PEEPLES LLP
ATTORNEYS AT LAW

A LIMITED LIABILITY PARTNERSHIP INCLUDING PROFESSIONAL ASSOCIATIONS

5551 RIDGEWOOD DRIVE, SUITE 101
NAPLES, FLORIDA 34108
TELEPHONE: (239) 597-7088
FACSIMILE (239) 597-6984
WWW.GARLAW.COM
E-MAIL: TGARLICK@GARLAW.COM

March 31, 2006

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

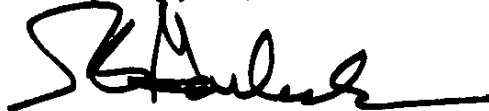
Re: Sky Counsel, LLC
Green Flash (Naples), LLC
Medical Nomad, LLC

Dear Sir or Madam:

Enclosed herewith please find three completed Annual Reports for the above-referenced limited liability companies, together with our client's check in the amount of \$150.00 for the required fee.

Please do not hesitate to contact me should you have any questions or need additional information.

Very truly yours,



Thomas B. Garlick

TBG/jpw
Enclosures