

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000086245

Entity Name: MEDICAL NOMAD, LLC

FILED  
Apr 30, 2008  
Secretary of State

**Current Principal Place of Business:**

5551 RIDGEWOOD DRIVE, SUITE 101  
NAPLES, FL 34108

**New Principal Place of Business:**

**Current Mailing Address:**

5551 RIDGEWOOD DRIVE, SUITE 101  
NAPLES, FL 34108

**New Mailing Address:**

FEI Number: 20-8621844

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**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 US

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

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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: GARLICK, THOMAS B III  
Address: 423 FILBERT STREET  
City-St-Zip: SAN FRANCISCO, CA 94133

Title: MGRM ( ) Delete  
Name: LINDLAND, PETER C  
Address: 1485 PERIWINKLE DRIVE  
City-St-Zip: DELAND, FL 32721

**ADDITIONS/CHANGES:**

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

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

I hereby certify that the information supplied with this filing does not qualify 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: THOMAS B. GARLICK, III

MGRM

04/30/2008

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