

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000086245

Entity Name: MEDICAL NOMAD, LLC

FILED
Jul 18, 2009
Secretary of State

Current Principal Place of Business:

5551 RIDGEWOOD DRIVE, SUITE 101
NAPLES, FL 34108

New Principal Place of Business:

1485 PERIWINKLE DRIVE
DELAND, FL 32724

Current Mailing Address:

5551 RIDGEWOOD DRIVE, SUITE 101
NAPLES, FL 34108

New Mailing Address:

1485 PERIWINKLE DRIVE
DELAND, FL 32724

FEI Number: 20-8621844 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:

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:

VAUGHEN, DANIEL
1485 PERIWINKLE DRIVE
DELAND, FL 32724 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: DANIEL VAUGHEN

07/18/2009

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: MGRM (X) Change () Addition
Name: GARLICK, THOMAS B III
Address: 277 CAYUGA AVENUE
City-St-Zip: SAN FRANCISCO, CA 94112

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: PETER LINDLAND

MR

07/18/2009

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