

**2007 LIMITED LIABILITY COMPANY.
ANNUAL REPORT**

FILED
Apr 09, 2007 08:00 A
Secretary of State

DOCUMENT # L05000117408 1. Entity Name NOBLE MEDICAL CONSULTING GROUP LLC	
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Principal Place of Business 6501 CONGRESS AVENUE SUITE 100 BOCA RATON, FL 33487 US	Mailing Address 6501 CONGRESS AVENUE SUITE 100 BOCA RATON, FL 33487 US
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DO NOT WRITE IN THIS SPACE


03192007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-5201010	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**PRONK, NICO
6501 CONGRESS AVENUE
SUITE 100
BOCA RATON, FL FL**

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

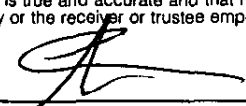
**Filing Fee Is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PRONK, NICO 6501 CONGRESS AVE. BOCA RATON, FL 33487
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HORNE, WAYNE 6501 CONGRESS AVE. BOCA RATON, FL 33487
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04/18/07-80036-009 50.00

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, OR AUTHORIZED REPRESENTATIVE

Date **4/6/07** Daytime Phone # _____