# UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

## **SCHEDULE 13G**

Under the Securities Exchange Act of 1934
Skyline Medical Inc.
(Name of Issuer)
Common Stock
(Title of Class of Securities)
83084 T606
(CUSIP Number)
Nations Advisory Partners, Ltd. 4900 State Line Rd., Suite 410 Leawood, KS 66206 816-621-3400
(Name, Address and Telephone Number of Person Authorized to Receive Notices and Communications)
November 25, 2016
(Date of Event which Requires Filing of this Statement)
Check the appropriate box to designate the rule pursuant to which this Schedule is filed:  ☐ Rule 13d-1(b)  ☑ Rule 13d-1(c)  ☐ Rule 13d-1(d)
* The remainder of this cover page shall be filled out for a reporting person's initial filing on this form with respect to the subject class of securities, and for any subsequent amendment containing information which would alter disclosures provided in a prior cover page.

The information required on the remainder of this cover page shall not be deemed to be "filed" for the purpose of Section 18 of the Securities Exchange Act of 1934 ("Act") or otherwise subject to the liabilities of that section of the Act but shall be subject to all other provisions of the Act (however, see the Notes).

1.		ORTING PERSONS ATION NOS. OF ABOVE PERSONS (ENTITIES ONLY)
	Nations Advisory EIN #36-4635605	
2.	CHECK THE API (see instructions) (a) □ (b) □	ROPRIATE BOX IF A MEMBER OF A GROUP
3.	SEC USE ONLY	
4.	CITIZENSHIP OF	PLACE OF ORGANIZATION
	United States of A	merica, State of Kansas
		5. SOLE VOTING POWER
	NUMBER OF	252,333
	SHARES BENEFICIALLY	6. SHARED VOTING POWER
	OWNED BY EACH REPORTING	0
		7. SOLE DISPOSITIVE POWER
	PERSON WITH	252,333
		8. SHARED DISPOSITIVE POWER
		0
9.	AGGREGATE AN	IOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON
	252,333	
10.	CHECK IF THE A (see instructions)	GGREGATE AMOUNT IN ROW (9) EXCLUDES CERTAIN SHARES □
11.	PERCENT OF CL	ASS REPRESENTED BY AMOUNT IN ROW (9)
	6.63%1	
12.	TYPE OF REPOR	TING PERSON (see instructions)
	Accredited Invest	or

This percentage is calculated based on approximately 3,804,900 shares of common stock of Skyline Medical Inc. outstanding as of November 25, 2016.

- (a) Name of Issuer Skyline Medical Inc.
- (b) Address of Issuer's Principal Executive Offices 2915 Commers Drive, Suite 900, Eagan, Minnesota 55121

## Item 2.

- (a) Name of Person Filing Nations Advisory Partners, Ltd.
- (b) Address of the Principal Office or, if none, residence 4900 State Line Rd., Suite 410, Leawood, KS 66206
- (c) Citizenship United States of America
- (d) Title of Class of Securities Common Stock
- (e) CUSIP Number 83084 T606

## Item 3. If this statement is filed pursuant to §§240.13d-1(b) or 240.13d-2(b) or (c), check whether the person filing is a:

(a)	Broker or dealer registered under section 15 of the Act (15 U.S.C. 78o).
(b)	Bank as defined in section 3(a)(6) of the Act (15 U.S.C. 78c).
(c)	Insurance company as defined in section 3(a)(19) of the Act (15 U.S.C. 78c).
(d)	Investment company registered under section 8 of the Investment Company Act of 1940 (15 U.S.C. 80a-8).
(e)	An investment adviser in accordance with §240.13d-1(b)(1)(ii)(E);
(f)	An employee benefit plan or endowment fund in accordance with §240.13d-1(b)(1)(ii)(F);
(g)	A parent holding company or control person in accordance with §240.13d-1(b)(1)(ii)(G);
(h)	A savings associations as defined in Section 3(b) of the Federal Deposit Insurance Act (12 U.S.C. 1813);
(i)	A church plan that is excluded from the definition of an investment company under section 3(c)(14) of the Investment Company Act of 1940 (15 U.S.C. 80a-3);
(j)	Group, in accordance with §240.13d-1(b)(1)(ii)(J).

#### Item 4. Ownership.

Provide the following information regarding the aggregate number and percentage of the class of securities of the issuer identified in Item 1.

- (a) Amount beneficially owned: 252,333
- (b) Percent of class: 6.63%
- (c) Number of shares as to which the person has:
  - (i) Sole power to vote or to direct the vote 252,333
  - (ii) Shared power to vote or to direct the vote 0
  - (iii) Sole power to dispose or to direct the disposition of 252,333
  - (iv) Shared power to dispose or to direct the disposition of 0

Instruction. For computations regarding securities which represent a right to acquire an underlying security see §240.13d-3(d)(1).

## Item 5. Ownership of Five Percent or Less of a Class.

If this statement is being filed to report the fact that as of the date hereof the reporting person has ceased to be the beneficial owner of more than five percent of the class of securities, check the following  $\Box$ .

Instruction. Dissolution of a group requires a response to this item.

Item 6. Ownership of More than Five Percent on Behalf of Another Person.

Item 7. Identification and Classification of the Subsidiary Which Acquired the Security Being Reported on By the Parent Holding Company.

Item 8. Identification and Classification of Members of the Group.

Item 9. Notice of Dissolution of Group.

#### Item 10. Certification.

(a) The following certification shall be included if the statement is filed pursuant to §240.13d-1(b):

By signing below I certify that, to the best of my knowledge and belief, the securities referred to above were acquired and are held in the ordinary course of business and were not acquired and are not held for the purpose of or with the effect of changing or influencing the control of the issuer of the securities and were not acquired and are not held in connection with or as a participant in any transaction having that purpose or effect.

(b) The following certification shall be included if the statement is filed pursuant to §240.13d-1(c):

By signing below I certify that, to the best of my knowledge and belief, the securities referred to above were not acquired and are not held for the purpose of or with the effect of changing or influencing the control of the issuer of the securities and were not acquired and are not held in connection with or as a participant in any transaction having that purpose or effect.

After reasonable inquiry and to the best of my knowledge and belief, I certify that the information set forth in this statement is true, complete and correct.

December 7, 2016
Date
/s/ Adam Long
Signature
Adam Long, President
Name/Title