2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000018574

1. Entity Name LOCAL MEDICAL.COM, LLC



Mailing Address

Principal Place of Business 828 FAIRLINGTON DRIVE LAKELAND, FL 33813

828 FAIRLINGTON DRIVE LAKELAND, FL 33813 FILED Apr 04, 2007 08:00 A Secretary of State



DO NOT WRITE IN THIS SPACE

02222007 No Chg-LLC CR2E083 (11/05)

FEI Number
 36-4533747

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CHASTAIN, DONALD 828 FAIRLINGTON DRIVE LAKELAND, FL 33813

the obligations of registered agent.

DO NOT WRITE IN THIS SPACE

SIGNATURE			4/2/0/
	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-SI-ZIP	P CHASTAIN, DONALD L 828 FAIRLINTON DR LAKELAND, FL		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BISHOP, VICKI 124 BARRINGTON BRANDON, FL		U00000689905 04/11/07-80053-015 50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN "	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME 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.			

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