2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2005
Secretary of State

DOCUMENT# L04000040642

Entity Name: FINDTHEBESTDOCTORS.COM, L.L.C.

Current Principal Place of Business:

3516 6TH PLACE WEST
PALMETTO, FL 34221

New Principal Place of Business:

Current Mailing Address:

7302 N OLA AVE
TAMPA, FL 33604

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CALKINS, ALISON
4302 N. OLA AVE
TAMPA, FL 33604 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/MEMBERS:

Title:	MGR	( ) Delete
Name:	CALKINS, ALISON	
Address:	7302 N OLA AVE	
City-St-Zip:	TAMPA, FL 33604	
Title:	MGRM	( ) Delete
Name:	CIOFFI, DANIEL	
Address:	3516 6TH PLACE WEST	
City-St-Zip:	PALMETTO, FL 34221	
Title:	MGRM	( ) Delete
Name:	ACCARDI, WENDY	
Address:	5090 39TH STREET SOUTH	
City-St-Zip:	ST. PETERSBURG, FL 33711	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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 for the exemption stated in Section 119.07(3)(i), 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: WENDY ACCARDI MGRM 04/29/2005

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