

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L04000040642

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



Principal Place of Business
3516 6TH PLACE WEST
PALMETTO, FL 34221

Mailing Address
7302 N OLA AVE
TAMPA, FL 33604

FILED
Apr 20, 2006 8:00 am
Secretary of State

04-20-2006 90036 042 ****50.00

20055700



04072006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE 90-0177862

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

CALKINS, ALISON
4302 N. OLA AVE
TAMPA, FL 33604

**DO NOT WRITE
IN THIS SPACE**

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, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	CALKINS, ALISON
STREET ADDRESS	7302 N OLA AVE
CITY-ST-ZIP	TAMPA, FL 33604
TITLE	MGRM
NAME	CIOFFI, DANIEL
STREET ADDRESS	3516 6TH PLACE WEST
CITY-ST-ZIP	PALMETTO, FL 34221
TITLE	MGRM
NAME	ACCARDI, WENDY
STREET ADDRESS	5090 39TH STREET SOUTH
CITY-ST-ZIP	ST. PETERSBURG, FL 33711
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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:

Alison Calkin

4/12/06

813-870-4160

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #