

# **2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000072568

Entity Name: DISCOUNT MEDICAL, LLC

**FILED**  
**Apr 08, 2007**  
**Secretary of State**

**Current Principal Place of Business:**

3434 INLET COURT  
JUPITER, FL 33469 US

**New Principal Place of Business:**

**Current Mailing Address:**

638 NORTH U.S. HWY ONE  
STE 171  
JUPITER, FL 33469 US

**New Mailing Address:**

FEI Number: 13-4287531

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

FRYE, AARON W  
638 NORTH U.S. HIGHWAY ONE, STE 171  
JUPITER, FL 33469 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/MANAGERS:**

Title: MGRM ( ) Delete  
Name: FRYE, AARON W  
Address: 3434 INLET COURT  
City-St-Zip: JUPITER, FL 33469 US

**ADDITIONS/CHANGES:**

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 Chapter 119, 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: AARON FRYE

MR.

04/08/2007

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