## 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# M00000000931

Entity Name: SPHERIS LEASING, LLC

Name:

Address:

City-St-Zip:

ADKINS, RUSSELL G

FRANKLIN, TN 37067

9009 CAROTHERS PARKWAY, SUITE C-3

FILED Mar 17, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 9009 CAROTHERS PARKWAY SUITE C-3 FRANKLIN, TN 37067 **Current Mailing Address: New Mailing Address:** 9009 CAROTHERS PARKWAY SUITE C-3 FRANKLIN, TN 37067 FEI Number: 62-1804780 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: NRAI SERVICES, INC 2731 EXECUTIVE PARK DRIVE SUITE 4 WESTON, FL 33331 US 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: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete SPHERIS OPERATIONS L. LC Name: Name: 9009 CAROTHERS OARKWAY, SUITE C-3 Address: Address: City-St-Zip: FRANKLIN, TN 37067 City-St-Zip: Title: **PRES** () Delete Title: PRES (X) Change ( ) Addition SIMPSON, STEVEN E Name: KOHL, DANIEL J Name: Address: 9009 CAROTHERS PARKWAY, SUITE C-3 Address: 9009 CAROTHERS PARKWAY, SUITE C-3 City-St-Zip: FRANKLIN, TN 37067 City-St-Zip: FRANKLIN, TN 37067 Title: SECY () Delete Title: SECY (X) Change ( ) Addition STEVENS, GREGORY T ADKINS, RUSSELL G Name: Name: 9009 CAROTHERS PARKWAY, SUITE C-3 9009 CAROTHERS PARKWAY, SUITE C-3 Address: Address: City-St-Zip: FRANKLIN, TN 37067 City-St-Zip: FRANKLIN, TN 37067 Title: ASEC (X) Delete Title: () Change () Addition

I hereby certify that the information supplied with this filing does not qualify 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.

Name:

Address:

City-St-Zip:

SIGNATURE: RUSSELL G. ADKINS SECY 03/17/2009