

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90129 037 \*\*\*\*50.00

**DOCUMENT # L03000018365**

1. Entity Name  
**NO CALL STRATEGIES, LLC**



Principal Place of Business  
**4150 NORTH ARMENIA AVENUE, STE. 200  
TAMPA, FL 33607**

Mailing Address  
**C/O TINA DUNSORD, ESQ  
PO BOX 3273  
TAMPA, FL 33601-3273**

**24063414**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04282004 Chg-LLC CR2E083 (10/03)

4. FEI Number

**56-2359688**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DUNSORD, TINA ESQ  
AKERMAN SENTERFITT  
100 SOUTH ASHLEY DR., STE. 1500  
TAMPA, FL 33602**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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, 2004**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☒ Addition  
**Shareholder and Director  
James C. Von Thron, MD  
4150 N. Armenia Ave., Ste. 200  
Tampa, FL 33607**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☒ Addition  
**Shareholder and Director  
Calen B. Jones, MD  
4150 N. Armenia Ave., Ste. 200  
Tampa, FL 33607**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☒ Addition  
**Shareholder and Director  
W. Gregory Wilkerson, MD  
4150 N. Armenia Ave., Ste. 200  
Tampa, FL 33607**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☒ Addition  
**Shareholder and Director  
William A. Newton, MD  
4150 N. Armenia Ave., Ste. 200  
Tampa, FL 33607**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☒ Addition  
**Shareholder and Director  
Steven L. Greenberg, MD  
4150 N. Armenia Ave., Ste. 200  
Tampa, FL 33607**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☒ Addition  
**Shareholder and Director  
Rufus S. Armstrong, MD  
4150 N. Armenia Ave., Ste. 200  
Tampa, FL 33607**

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

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

**4/28/04**

Date

Daytime Phone #

**813 876 0914**