2004 LIMITED LIABILITY COMPANY

FILED May 03, 2004 8:00 am

ANNUAL KEPUK I							Secretary of State				
DOCUMENT # L03000018365							05-03-2004	_			
1. Entity Name NO CALL STRATEGIES, LLC											
NO CALL STRATI	EGIES, LLC										
Principal Place of Busines	SS	Mailing Address									
4150 NORTH ARMENIA		C/O TINA DUNSFORD, ESQ						240	63414	,	
TAMPA, FL 33607		PO BOX 3273					£401	22414	į.		
		TAMPA, FL 33601-32	/3				COLOR IIIII COLII EELII COLI				
2. Principal Place of Business		3. Mailing Address									
Suite, Apt. #, etc.		Suite, Apt. #, etc.			04282004	Chg-LLC	CR2E08	33 (10/03)			
City & State		City & State				4. FEI Numbe	56-235	7688		plied For t Applicable	
Zip	Country	Zip	ry		5. Certificate	of Status Desired		5.00 Addi			
6. Name	e and Address of Current	Registered Agent				7. Name and	Address of New Re	egistered A	gent		
DUNSFORD, TINA AKERMAN SENTER		Name Street			ddress (i	P.O. Box Numbe	er is Not Acceptable)			
100 SOUTH ASHLE TAMPA, FL 33602			-								
-			City	FL Zip Code							
8. The above named enti-	ty submits this statement for	or the purpose of changing its	registere	d office or	r register	ed agent, or bot	h, in the State of Flor	ida. I am fa	 amiliar with, a	and accept	
the obligations of regis	tered agent.										
SIGNATURESignature, types	d or printed name of registered agent	and title if applicable (NOT)	F: Benistered	Agent signsti	re required	when reinstating)		DATE			
	or priviled via vie or regulared agent	the mapping control (NOTE	registered	n Agent signati	ure required	when remaining)		DATE			
Filing Fee Due by Ma						The expension velocity to the contract of the	check pa Departme	yable to int of State	ı		
9.	MANAGING MEMBI	ERS/MANAGERS	10.				ADDITIONS/	CHANGES	1001034101010101020200	900000000000000000000000000000000000000	
TITLE		☐ Defete TIT							Addition		
NAME STREET ADDRESS		NAM			Jam	James C. Von Thron, M 4150 N. Armenia Ave.,					
CITY-ST-ZIP				T ADDRESS ST-ZIP			enia 4ve-): - 33607	STE. 20	U		
TITLE			TITLE					Addition			
NAME			NAME		Gali	en B. Jo	nes, MD				
STREET ADDRESS CITY-ST-ZIP	1			STREET ADDRESS 415		ON. Arm	nenio Ave	., She	:200		
TITLE		☐ Delete	TITLE		Sha	eholder	and Direc	tor	☐ Change	Addition	
NAME			NAME		W.	Gregory 1	Wilkerson, nenia Ave:	MD			
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NAME		CT Delete	NAME		7.0	12101111111111111111111111111111111111	Armstrom	A. M.D.	отвиде	C MODITION	

STREET ADDRESS
CITY-ST-ZIP

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 it trustee empowered to execute his report as required by Chapter 608, Florida Statutes.

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

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8138760914

Daytime Phone #