

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000018365

FILED
Apr 29, 2005
Secretary of State

Entity Name: NO CALL STRATEGIES, LLC

Current Principal Place of Business:

4150 NORTH ARMENIA AVENUE, STE. 200
TAMPA, FL 33607

New Principal Place of Business:

Current Mailing Address:

C/O TINA DUNSFORD, ESQ
PO BOX 3273
TAMPA, FL 336013273

New Mailing Address:

FEI Number: 56-2359688

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DUNSFORD, TINA ESQ
AKERMAN SENTERFITT
100 SOUTH ASHLEY DR., STE. 1500
TAMPA, FL 33602 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/MEMBERS:

Title: SD () Delete
Name: VON THRON, JAMES C MD
Address: 4150 N ARMENIA AVE STE 200
City-St-Zip: TAMPA, FL 33607

Title: SD () Delete
Name: JONES, GALEN B MD
Address: 4150 N ARMENIA AVE STE 200
City-St-Zip: TAMPA, FL 33607

Title: SD () Delete
Name: WILKERSON, W GREGORY MD
Address: 4150 N ARMENIA AVE STE 200
City-St-Zip: TAMPA, FL 33607

Title: SD () Delete
Name: NEWTON, WILLIAM A MD
Address: 4150 N ARMENIA AVE STE 200
City-St-Zip: TAMPA, FL 33607

Title: SD () Delete
Name: GREENBERG, STEVEN L MD
Address: 4150 N ARMENIA AVE STE 200
City-St-Zip: TAMPA, FL 33607

Title: SD () Delete
Name: ARMSTRONG, RUFUS S MD
Address: 4150 N ARMENIA AVE STE 200
City-St-Zip: TAMPA, FL 33607

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

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 Section 119.07(3)(i), 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: GALEN B JONES

MD

04/29/2005

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