


L03000018365

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED
08 FEB -1 AM 9:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #
1. Limited Liability Company's Name
NO CALL STRATEGIES, LLC

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2. Principal Office Address - No P.O. Box # 4150 No Armenia Avenue Suite, Apt. #, etc. Suite 200 City & State Tampa, FL Zip 33607		3. Mailing Office Address 4150 No Armenia Avenue Suite, Apt. #, etc. Suite 200 City & State Tampa, FL Zip 33607	
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4. State/Country of Formation
Florida

5. Date Organized or Qualified To Do Business in Florida -- 5/21/2003

6. FEI Number 56-2359688	Applied For Not Applicable
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7. CERTIFICATE OF STATUS DESIRED \$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name
W. Gregory Wilkerson

Street Address (P.O. Box Number is Not Acceptable)
4150 North Armenia Avenue

Suite, Apt. #, Etc.
Suite 200

City
Tampa

State
FL

Zip Code
33607

REINSTATEMENT 2006-2008

A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent *W. Gregory Wilkerson* Date 1-28-08

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MMP/S	James C. Von Thron, M.D.	4150 No. Armenia Ave, Ste 200	Tampa, FL 33607
MM/VP	Galen B. Jones, M.D.	4150 No. Armenia Ave, Ste 200	Tampa, FL 33607
MMVP	W. Gregory Wilkerson, M.D.	4150 No. Armenia Ave, Ste 200	Tampa, FL 33607
MM/T	William A. Newton, M.D.	4150 No. Armenia Ave, Ste 200	Tampa, FL 33607
MM/VP	Steven Greenberg, M.D.	4150 No. Armenia Ave, Ste 200	Tampa, FL 33607

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11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.408, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of Managing Member/Manager *W. Gregory Wilkerson* Date 1-28-08 Daytime Phone # (813) 876-0914

Typed or printed name of signing Managing Member/Manager W. Gregory Wilkerson, Vice President/Member