2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
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Secretary of State

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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:

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

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:

WILKERSON, W. GREGORY
4150 NORTH ARMENIA AVENUE, STE. 200
TAMPA, FL 33607 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/MANAGERS:

Title: MMPS
Name: VON THRON, JAMES C MD
Address: 4150 NORTH ARMENIA AVENUE, STE. 200
City-St-Zip: TAMPA, FL 33607

Title: MMV
Name: JONES, GALEN B MD
Address: 4150 NORTH ARMENIA AVENUE, STE. 200
City-St-Zip: TAMPA, FL 33607

Title: MMV
Name: WILKERSON, W. GREGORY MD
Address: 4150 NORTH ARMENIA AVENUE, STE. 200
City-St-Zip: TAMPA, FL 33607

Title: MMT
Name: NEWTON, WILLIAM A MD
Address: 4150 NORTH ARMENIA AVENUE, STE. 200
City-St-Zip: TAMPA, FL 33607

Title: MMV
Name: GREENBERG, STEVEN MD
Address: 4150 NORTH ARMENIA AVENUE, STE. 200
City-St-Zip: TAMPA, FL 33607

I hereby 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 Statues.

SIGNATURE: JAMES C. VON THRON, M.D. MMPS 02/08/2010

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