

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000018365

FILED  
Feb 24, 2012  
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:**

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:**

JONES, GALEN B MD  
4150 NORTH ARMENIA AVENUE, STE. 200  
TAMPA, FL 33607 US

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: GALEN B. JONES, MD

02/24/2012

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 Statutes.

SIGNATURE: GALEN B. JONES, MD

MMV

02/24/2012

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