

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000038391

FILED
Apr 06, 2005
Secretary of State

Entity Name: DOCTORS' ADMINISTRATIVE SOLUTIONS, LLC

Current Principal Place of Business:

826 S. WILLOW AVE.
TAMPA, FL 33606

New Principal Place of Business:

371 CHANNELSIDE WALKWAY
STE. 1103
TAMPA, FL 33602

Current Mailing Address:

826 S. WILLOW AVE.
TAMPA, FL 33606

New Mailing Address:

PO BOX 24445
TAMPA, FL 336234445

FEI Number: 20-0314192

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WALKER, GARY
100 S. ASHLEY DR., STE. 1500
TAMPA, FL 33602 US

Name and Address of New Registered Agent:

WALKER, GARY
202 S. ROME AVE
TAMPA, FL 33606 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:

04/06/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: SCHLAIFER, DAVID
Address: 826 S WILLOW AVE
City-St-Zip: TAMPA, FL 33606

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: SCHLAIFER, DAVID
Address: 371 CHANNELSIDE WKWY 1103
City-St-Zip: TAMPA, FL 33602

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: DAVID A SCHLAIFER

MGR

04/06/2005

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