

# **2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000038391

**FILED**  
**Apr 17, 2007**  
**Secretary of State**

**Entity Name:** DOCTORS' ADMINISTRATIVE SOLUTIONS, LLC

**Current Principal Place of Business:**

1511 N WEST SHORE BLVD  
STE. 400  
TAMPA, FL 33607

**New Principal Place of Business:**

**Current Mailing Address:**

1511 N WEST SHORE BLVD  
STE. 400  
TAMPA, FL 33607

**New Mailing Address:**

**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  
202 S. ROME AVE  
TAMPA, FL 33606 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: MGR ( ) Delete  
Name: SCHLAIFER, DAVID  
Address: 371 CHANNELSIDE WKWY 1103  
City-St-Zip: TAMPA, FL 33602

**ADDITIONS/CHANGES:**

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 Chapter 119, 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

04/17/2007

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