

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000017919

FILED  
Apr 22, 2009  
Secretary of State

Entity Name: DAS SERVICES, LLC

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

103 MARTINIQUE AVE  
TAMPA, FL 33606 US

**Current Mailing Address:**

1511 N WEST SHORE BLVD  
STE 400  
TAMPA, FL 33607

**New Mailing Address:**

PO BOX 1275  
TAMPA, FL 33601

FEI Number: 20-4775417

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SCHLAIFER, DAVID A  
103 MARTINIQUE 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: DOCTORS' ADMINISTRATIVE SOLUTIONS, LLC  
Address: 1511 N WEST SHORE BLVD, STE 400  
City-St-Zip: TAMPA, FL 33607 US

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: DOCTORS' ADMINISTRATIVE SOLUTIONS, LLC  
Address: PO BOX 1275  
City-St-Zip: TAMPA, FL 33601

I hereby certify that the information supplied with this filing does not qualify 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, PRESIDENT

MGR

04/22/2009

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