

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 17, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # L06000117309**

1. Entity Name  
**MEDLEASE, LLC**



Principal Place of Business  
**550 FAIRWAY DRIVE  
SUITE 106  
DEERFIELD BEACH, FL 33441**

Mailing Address  
**550 FAIRWAY DRIVE  
DEERFIELD BEACH, FL 33441**

**DO NOT WRITE IN THIS SPACE**



03132008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number  
**20-8016753**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**PROBASCO, JOSEPH A  
220 S FRANKLIN STREET  
TAMPA, FL 33602**

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
MEDCHOICE FINANCIAL, LLC  
550 FAIRWAY DRIVE  
DEERFIELD BEACH, FL 33441**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
SPRECHER, DEBORAH  
550 FAIRWAY DRIVE  
DEERFIELD BEACH, FL 33441**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
DICKINSON, REBEKAH  
550 FAIRWAY DRIVE  
DEERFIELD BEACH, FL 33441**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
DONIGER, EDEN  
550 FAIRWAY DRIVE  
DEERFIELD BEACH, FL 33441**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U000000860143

04/02/08-80051-001 138.75

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

**PHILIP HALL**

**3/13/08 954-719-0890 x242**

Date

Daytime Phone #