

File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

98 MAY -6 AM 11:36

**FILING FEE \$ 188.75** Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee  
Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address of Limited Liability Company  
**DOCUMENT # L97000000263**  
  
PHANTOM MEDICAL LEASING, L.C.  
7061 CYPRESS ROAD  
SUITE 104  
PLANTATION FL 33317

1a. Principal Place of Business Address  
  
7061 CYPRESS ROAD  
SUITE 104  
PLANTATION FL 33317

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

2a. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Date Organized or Qualified  
03/04/1997

3a. State of Formation  
FL

4. FEI Number  
65-0740316  
 Applied For  
 Not Applicable

5. Date of Last Report  
N/A

6. Certificate of Status Desired  
SB 75 Additional Fee Required

7. Name and Address of Current Registered Agent  
  
BURRIER, VICKI  
7061 CYPRESS ROAD  
SUITE 104  
PLANTATION FL 33317

8. Name and Address of New Registered Agent/Office  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
Suite, Apt. #, etc. 400002521434-3  
-05/13/98--01016--004  
City \*\*\*\*\*188.75 \*\*\*\*\*188.75  
FL  
Zip Code

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

| 10. Title | Managing Members/Managers | Business Street Address      | City, State and Zip Code     |
|-----------|---------------------------|------------------------------|------------------------------|
| MGRM      | SPIRA, LAWRENCE R MD      | 7061 CYPRESS RD, STE 104     | PLANTATION FL                |
| MEM       | BURRIER, VICKI            | 7061 CYPRESS ROAD, SUITE 104 | PLANTATION, FL<br>33317-2243 |

11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual 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; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE: Vicki Burrier 4/28/98 954-474-7701  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #