

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

00 APR 18 PM 12:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **L97000000263**

1. Entity Name  
**PHANTOM MEDICAL LEASING, L.C.**

Principal Place of Business <b>7061 CYPRESS ROAD SUITE 104 PLANTATION FL 33317</b>	Mailing Address <b>7061 CYPRESS ROAD SUITE 104 PLANTATION FL 33317-2243</b>
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2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

*MAM*

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0740316**      Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BURRIER, VICKI  
7061 CYPRESS ROAD  
SUITE 104  
PLANTATION FL 33317**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

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.

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

**FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State**

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE  Delete  
NAME **MGRM SPIRA, LAWRENCE R MD**  
STREET ADDRESS **7061 CYPRESS RD, STE 104**  
CITY - ST - ZIP **PLANTATION FL 33317**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  Delete  
NAME **MEM BURRIER, VICKI**  
STREET ADDRESS **7061 CYPRESS RD, STE 104**  
CITY - ST - ZIP **PLANTATION FL 33317**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**700003238117--3  
-05/03/00--01130--005  
\*\*\*\*\*50.00**

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  Change  Addition  
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TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

11. I 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 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: *Vicki Burrier* **SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

4/11/00  
Date

954 474 7701  
Daytime Phone #

CR2E083 (9/99)