

2001 UNIFORM BUSINESS REPORT (UBR)

001291

DOCUMENT # L97000000263

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

Principal Place of Business Mailing Address
7061 CYPRESS ROAD **7061 CYPRESS ROAD**
SUITE 104 **SUITE 104**
PLANTATION FL 33317 **PLANTATION FL 33317**

FILED
 01 APR -9 AM 7:49
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



2. Principal Place of Business 3. Mailing Address

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

City & State City & State

Zip Country Zip Country

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 Name
7061 CYPRESS ROAD Street Address (P.O. Box Number is Not Acceptable)
SUITE 104 City **FL** Zip Code
PLANTATION FL 33317

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 *Vicki Burrier* *Vicki Burrier* *4/02/01*
Signature, typed or printed name of registered agent and title if applicable. (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 NAME STREET ADDRESS CITY-ST-ZIP	MGRM SPIRA, LAWRENCE R MD 7061 CYPRESS RD, STE 104 PLANTATION FL 33317 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM BURRIER, VICKI 7061 CYPRESS RD, STE 104 PLANTATION FL 33317 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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*******50.00 *****50.00**

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* *4/02/01* *(954) 474-7701*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)