


**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 26, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # L97000000263 1. Entity Name PHANTOM MEDICAL LEASING, L.C.	
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Principal Place of Business 7061 CYPRESS ROAD SUITE 104 PLANTATION, FL 33317	Mailing Address 7061 CYPRESS ROAD SUITE 104 PLANTATION, FL 33317
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**DO NOT WRITE IN THIS SPACE**



04222004 No Chg-LLC	CR2E083 (10/03)
4. FEI Number 65-0740316	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

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

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00  
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SPIRA, LAWRENCE R MD 7061 CYPRESS RD, STE 104 PLANTATION, FL 33317
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MEM BURRIER, VICKI 7061 CYPRESS RD, STE 104 PLANTATION, FL 33317
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U00000130312  
04/26/04-80114-001 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* 4/26/04 954-474-7701  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #