

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 09, 2007 08:00 A
Secretary of State

DOCUMENT # L97000000263

1. Entity Name

PHANTOM MEDICAL LEASING, L.C.



Principal Place of Business

7061 CYPRESS ROAD
SUITE 104
PLANTATION FL 33317

Mailing Address

7061 CYPRESS ROAD
SUITE 104
PLANTATION FL 33317



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E083 (10/06)

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. 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 reissuing)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

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

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ Addition
U00000697297
04/18/07-80035-005 50.00

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

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

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
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☐ Delete

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

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 808, Florida Statutes

Signature: *Lawrence Spira*

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

4/3/2007

954-474-7701

Date

Daytime Phone #