

# 2001 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

01 MAY -1 PM 6:33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

**DOCUMENT #** 100000003573

1. Entity Name  
**Beacon Holdings, L.L.C.**

Principal Place of Business      Mailing Address  
**300 South Park Road      Same**  
**Hollywood, FL 33021**

2. Principal Place of Business      3. Mailing Address  
**Same      Same**

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

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number      Applied For  
**59-3651552**       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		
<b>CT Corporation Services</b> <b>1200 S. Pine Island Road</b> <b>Plantation, FL 33324</b>		Name <b>Gerald M. Cohen</b>		
		Street Address (P.O. Box Number is Not Acceptable) <b>300 South Park Road</b>		
		City <b>Hollywood</b>	State <b>FL</b>	Zip Code <b>33021</b>

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)  **Gerald M. Cohen, Registered Agent**      DATE: **4/26/01**

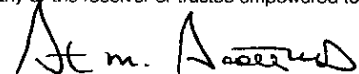
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

**300004275773--9**  
**-05/22/01--01032--013**  
**\*\*\*\*\*55.00 \*\*\*\*\*55.00**

9. MANAGING MEMBERS/MEMBERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Manager</b> <input type="checkbox"/> Delete <b>Steven M. Scott, M.D.</b> <b>2828 Croasdaile Drive</b> <b>Durham, NC 27705-2430</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Steven M. Scott, M.D.</b> <b>2828 Croasdaile Drive</b> <b>Durham, NC 27705-2430</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Treasurer</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Drew Joyce</b> <b>2828 Croasdaile Drive</b> <b>Durham, NC 27705-2430</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Secretary</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Anita S. Wegner</b> <b>2828 Croasdaile Drive</b> <b>Durham, NC 27705-2430</b>
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
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
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

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:**  **Steven M. Scott, M.D., Mgr.**      1-800-476-4567

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #

CR2E083 (11/00)