

# LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT #** L00000003573  
 1. Entity Name  
**BEACON HOLDINGS, L.L.C.**

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
 02 MAR -8 PM 3:10  
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>300 South Park Road</b> Suite, Apt. #, etc.	3. Mailing Address <b>300 South Park Road</b> Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State <b>Hollywood, FL</b>	City & State <b>Hollywood, FL</b>		
Zip <b>33021</b>	Country <b>U.S.</b>	Zip <b>33021</b>	Country <b>U.S.</b>

4. FEI Number <b>59-3651552</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$5.00</b> Additional Fee Required	

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7. Name and Address of Current Registered Agent	
Name <b>Cohen, Gerald M.</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>300 South Park Road</b>	
City <b>Hollywood,</b>	FL 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

FEE IS \$50.00  
 Make Check Payable to Department of State  
 DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE NAME <b>PCD Scott, Steven M., M.D.</b> STREET ADDRESS <b>2828 Croasdaile Drive</b> CITY-ST-ZIP <b>Durham, NC 27705</b>	
TITLE NAME <b>S Wegner, Anita</b> STREET ADDRESS <b>2828 Croasdaile Drive</b> CITY-ST-ZIP <b>Durham, NC 27705</b>	
TITLE NAME <b>T King, Felicia</b> STREET ADDRESS <b>2828 Croasdaile Drive</b> CITY-ST-ZIP <b>Durham, NC 27705</b>	
TITLE NAME <b>T Joyce, Drew</b> <span style="float: right;"><u>DELETE</u></span> STREET ADDRESS <b>2828 Croasdaile Dr.</b> CITY-ST-ZIP <b>Durham, NC 27705</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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* **Steven M. Scott, M.D.** 3-6-02 (800) 476-4587

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

CR2E083B (12/01)