

2001 UNIFORM BUSINESS REPORT (UBR)

APPROVAL
AND
FILED

DOCUMENT # L 0000000 4543

01 MAY -1 PM 6:33

1. Entity Name

Beacon Health Management, L.L.C.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address

300 South Park Road
Hollywood, FL 33021 Same

2. Principal Place of Business

Same

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

59-3649948

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CT Corporation Services
1200 South Pine Island Road
Plantation, FL 33324

7. Name and Address of New Registered Agent

Name: Gerald M. Cohen
Street Address (P.O. Box Number is Not Acceptable): 300 South Park Road
City: Hollywood FL Zip Code: 33021

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, Resident Agent 4/26/01

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State.

100004275771--5
-05/22/01--01032--012
*****55.00 *****55.00

9. MANAGING MEMBERS/MEMBERS

TITLE NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
Manager Steven M. Scott, M.D.	2828 Croasdaile Drive	Durham, NC 27705-2430	<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>

10. ADDITIONS/CHANGES

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

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.

1-800-476-4587

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

Date 5

Daytime Phone #

CR2E083 (11/00)