

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L00000003573

1. Entity Name

BEACON HOLDINGS, L.L.C.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

300 South Park Road

Suite, Apt. #, etc.

3. Mailing Address

300 South Park Road

Suite, Apt. #, etc.

City & State

Hollywood, FL

City & State

Hollywood, FL

Zip

33021

Country

U.S.

Zip

33021

Country

U.S.

4. FEI Number

59-3651552

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$5.00 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Cohen, Gerald M.

Street Address (P.O. Box Number is Not Acceptable)

300 South Park Road

City

Hollywood,

FL

Zip Code

33021

**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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

DATE

FEE IS \$50.00

Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PCD
Scott, Steven M., M.D.
2828 Croasdaile Drive
Durham, NC 27705

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
Wegner, Anita
2828 Croasdaile Drive
Durham, NC 27705

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NAME
STREET ADDRESS
CITY-ST-ZIP
T
King, Felicia
2828 Croasdaile Drive
Durham, NC 27705

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
Joyce, Drew
2828 Croasdaile Dr.
Durham, NC 27705
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STREET ADDRESS
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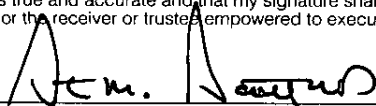
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IN THIS SPACE**

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. 3-6-02 (800) 476-4587

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

Date

Daytime Phone #

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 MAR -8 PM 3:10

DO NOT WRITE IN THIS SPACE

CR2E083B (12/01)