

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L03000049560

1. Entity Name
PHOENIX EMERGENCY MEDICINE OF BROWARD, LLC



Principal Place of Business
2828 CROASDAILE DR
DURHAM, NC 27705

Mailing Address
2828 CROASDAILE DR
DURHAM, NC 27705

FILED

06 MAR -1 PM 3:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01092006No Chg-LLC

CR2E083 (11/05)

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4. FEI Number
20-0492277

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

**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. 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 reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
SCOTT, STEVEN M MD
2828 CROASDAILE DR
DURHAM, NC 27705

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
SCOTT, STEVEN M MD
2828 CROASDAILE DR
DURHAM, NC 27705

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ST
WEGNER, ANITA S
2828 CROASDAILE DR
DURHAM, NC 27705

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

500067975705
03/16/06--01020--020 **2250.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 608, Florida Statutes.

SIGNATURE:

Anita S. Wegner, Secretary

02-17-06

919 425 1500

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

Date

Daytime Phone #