

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 16, 2007 08:00 A
Secretary of State

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**



01092007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

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, 2007**

9. MANAGING MEMBERS/MANAGERS

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

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03/27/07-80054-004-50.00

**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

Anita S. Wegner, Sec 03-10-07

919-425-1500

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

Date

Daytime Phone #