2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

Apr 28, 2008 8:00 am Secretary of State DOCUMENT # L03000049560 04-28-2008 90043 002 ***138.75 PHOENIX EMERGENCY MEDICINE OF BROWARD, LLC Principal Place of Business Mailing Address 2828 CROASDAILE DR 2828 CROASDAILE DR DURHAM, NC 27705 DURHAM, NC 27705 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01092008 Chg-LLC CR2E083 (12/06) City & State City & State 4. FEI Number Applied For Not Applicable 20-0492277 Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 City Zin Code 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FiLE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 Make check payable to Florida Department of State ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 10. 9. P/m/sR MGRM TITLE Addition Delete TITLE steven Robert Scott, M.D. SCOTT, STEVEN M MD NAME NAME 2828 crossdale Dr. STREET ADDRESS 2828 CROASDAILE DR STREET ADDRESS Durham, NC 27705 DURHAM, NC 27705 CITY-ST-ZIP CITY-ST-ZIP Daviel T TITLE **☒** Delete TITLE ☐ Change 🔀 Addition David Ting. 2822 Crossolate Dr. SCOTT, STEVEN M MD NAME NAME STREET ADDRESS 2828 CROADAILE DR STREET ADDRESS. 27705 NC CITY-ST-ZIP DURHAM, NC 27705 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐-Addition WEGNER, ANITA S NAME NAME STREET ADDRESS 2828 CROASDAILE DR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DURHAM, NC 27705 ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-7IP CITY-ST-ZIP 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.

Amitas. Wega

GNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED

919-425-1500

Daytime Phone #

04-07-08