

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000049560

FILED
Jan 15, 2009
Secretary of State

Entity Name: PHOENIX EMERGENCY MEDICINE OF BROWARD, LLC

Current Principal Place of Business:

2828 CROASDAILE DR
DURHAM, NC 27705

New Principal Place of Business:

3114 CROASDAILE DR
SUITE 200
DURHAM, NC 27705

Current Mailing Address:

2828 CROASDAILE DR
DURHAM, NC 27705

New Mailing Address:

3114 CROASDAILE DR
SUITE 200
DURHAM, NC 27705

FEI Number: 20-0492277

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SCOTT, STEVEN M MD
Address: 2828 CROASDAILE DR
City-St-Zip: DURHAM, NC 27705

Title: P () Delete
Name: SCOTT, STEVEN M MD
Address: 2828 CROADAILE DR
City-St-Zip: DURHAM, NC 27705

Title: ST () Delete
Name: WEGNER, ANITA S
Address: 2828 CROASDAILE DR
City-St-Zip: DURHAM, NC 27705

Title: MGR (X) Delete
Name: SCOTT, STEVEN R M.D.
Address: 2828 CROASDAILE DRIVE
City-St-Zip: DURHAM, NC 27705

Title: VP () Delete
Name: LONG, DAVID
Address: 2828 CROASDAILE DRIVE
City-St-Zip: DURHAM, NC 27705

ADDITIONS/CHANGES:

Title: MGRP (X) Change () Addition
Name: SCOTT, STEVEN R MD
Address: 3114 CROASDAILE DR
City-St-Zip: DURHAM, NC 27705

Title: S (X) Change () Addition
Name: SCOTT, CHASE M
Address: 3114 CROADAILE DR
City-St-Zip: DURHAM, NC 27705

Title: T (X) Change () Addition
Name: GREENMAN, JACK S
Address: 3114 CROASDAILE DR
City-St-Zip: DURHAM, NC 27705

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: LONG, DAVID
Address: 3114 CROASDAILE DRIVE
City-St-Zip: DURHAM, NC 27705

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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 ROBERT SCOTT, MD

MGR

01/15/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date