

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 FEB 17 AM 10:33

DOCUMENT # L04000008765

1. Entity Name
PHOENIX HEALTHCARE BILLING, LLC



Principal Place of Business
300 S. PARK RD
HOLLYWOOD, FL 33021

Mailing Address
300 S. PARK RD
HOLLYWOOD, FL 33021

2. Principal Place of Business
2828 Croasdaile Dr
Suite, Apt. #, etc.

3. Mailing Address
2828 Croasdaile Dr
Suite, Apt. #, etc.

City & State
Durham, NC

City & State
Durham, NC

4. FEI Number
20-0682075

Applied For
Not Applicable

Zip
27705

Country

Zip
27705

Country

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

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip 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

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, 2005

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRP
Steven M. Scott, MD
2828 Croasdaile Dr
Durham, NC 27705 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ST
Anita S. Wegner
2828 Croasdaile Dr
Durham, NC 27705 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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10. ADDITIONS/CHANGES

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

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:

Anita S. Wegner

Anita S. Wegner, Sec 01-25-05 919-425-1500

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

Date

Daytime Phone #