2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 15, 2009
Secretary of State

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Entity Name: PHOENIX EMERGENCY PHYSICIANS OF THE SOUTHEAST, LLC

Current Principal Place of Business:

2828 CROASDAILE DRIVE
DURHAM, NC 27705

New Principal Place of Business:

3114 CROASDAILE DRIVE
SUITE 200
DURHAM, NC 27705

Current Mailing Address:

2828 CROASDAILE DRIVE
DURHAM, NC 27705

New Mailing Address:

3114 CROASDAILE DRIVE
SUITE 200
DURHAM, NC 27705

FEI Number: 20-2989157 **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: MGRP ( ) Delete
Name: SCOTT, STEVEN M M.D.
Address: 2828 CROASDAILE DRIVE
City-St-Zip: DURHAM, NC 27705

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

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

ADDITIONS/CHANGES:

Title: MGRP (X) Change ( ) Addition
Name: SCOTT, STEVEN R M.D.
Address: 3114 CROASDAILE DRIVE
City-St-Zip: DURHAM, NC 27705

Title: S (X) Change ( ) Addition
Name: SCOTT, CHASE M
Address: 3114 CROASDAILE DRIVE
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

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