

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000071638

1. Entity Name
PHOENIX EMERGENCY PHYSICIANS OF THE MIDWEST,
LLC



Principal Place of Business
2828 CROASDAILE DRIVE
DURHAM, NC 27705

Mailing Address
2828 CROASDAILE DRIVE
DURHAM, NC 27705

FILED

06 MAR -1 PM 3:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01092006 Chg-LLC CR2E083 (11/05)

4. FEI Number
20-3193795

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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, 2006

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
SCOTT, STEVEN M M.D.
2828 CROASDAILE DRIVE
DURHAM, NC 27705 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
Steven M. Scott, M.D.
2828 Croasdaile Dr.
Durham, NC 27705 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ST
Anita S. Wagner
2828 Croasdaile Dr
Durham, NC 27705 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
900067975789
03/16/06--01020--020 ***2250.00 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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. Wagner, Secretary 03-17-06 919 425 1500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #