

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000071638

**FILED**  
**Mar 19, 2012**  
**Secretary of State**

**Entity Name:** PHOENIX EMERGENCY PHYSICIANS OF THE MIDWEST, LLC

**Current Principal Place of Business:**

3114 CROASDAILE DRIVE  
SUITE 200  
DURHAM, NC 27705

**New Principal Place of Business:**

**Current Mailing Address:**

3114 CROASDAILE DRIVE  
SUITE 200  
DURHAM, NC 27705

**New Mailing Address:**

**FEI Number:** 20-3193795

**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  
Name: SCOTT, STEVEN R M.D  
Address: 3114 CROASDAILE DRIVE  
City-St-Zip: DURHAM, NC 27705

Title: VP  
Name: LONG, DAVID  
Address: 3114 CROASDAILE DRIVE  
City-St-Zip: DURHAM, NC 27705

Title: S  
Name: SCOTT, CHASE M  
Address: 3114 CROASDAILE DRIVE  
City-St-Zip: DURHAM, NC 27705

Title: T  
Name: GREENMAN, JACK S  
Address: 3114 CROASDAILE DRIVE  
City-St-Zip: DURHAM, NC 27705

I hereby 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 R SCOTT

MGR

03/19/2012

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