## FILED Mar 19, 2007 8:00 am Secretary of State

<b>Z</b> UU /	LIMILIED LIADILITY COMPART
	ANNUAL REPORT

DOCUMENT # L06000043328  1. Entity Name PHOENIX EMERGENCY SERVICES OF SCOTT COUNTY, LLC								-2007 904	461 005	****50.00	
Principal Place of Business 2828 CROASDAILE DRIVE DURHAM, NC 27705		Mailing Address 2828 CROASDAILE DRIVE DURHAM, NC 27705			40037490						
2: Principal Place of Business - No P.O. Box #			3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01092007	Chg-LLC	CR2E08	3 (12/06)			
City & State			City & State				4. FEI Numb 20-476				oplied For ot Applicable
Ζip	Country		Zip	Coun	try		5. Certificate of Status Desired		F	Fee Required	
	6. Name	and Address of Current	Registered Agent		Name		7. Name and	Address of New F	tegistered A	gent	
C T CORP 1200 SOU PLANTATI			Street Address (P.O. Box Num			er is Not Acceptable	э)				
i					City				FL	Zip Cod	е
	named entiti ions of regisl		or the purpose of changing its	registere	ed office or	registere	ed agent, or bo	oth, in the State of Flo		miliar with,	and accept
SIGNATURE .											
	Signature, typed	or printed name of registered agent	and title if applicable. (NOT	E: Registered	f Agent signati	are required	when reinstating)	<del></del>	DATE		
Fi De	iling Fee i ue by Ma	is \$50.00 y 1, 2007							e check pa a Departme		0
9.		MANAGING MEMBE	ERS/MANAGERS	10.				ADDITIONS	/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2828 CRC	STEVEN M M.D. DASDAILE DRIVE , NC 27705	☐ Delete		1	Stev 2828		cott, M.D. aile Dr 27705		☐ Change	XX Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete			Secr Anit 2828	etary/T a S. We Croasd am, NC	reasurer gner aile Dr		Change	XXAddition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete				,			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete							☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete							Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete							Change	☐ Addition
indicated	on this report bility compar	rt is true and accurate and ny or the receiver or truste	n this filing does not qualify fo that my signature shall have e empowered to execute this	the same report as	legal effe required t	ct as if m by Chapte	ade under oatt	n; that I am a manag	urther certify to	that the info or manage	rmation or of the