

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

DOCUMENT # L06000043328



Mailing Address
2828 CROASDALE DRIVE
DURHAM, NC 27705

3. Mailing Address

Suite, Apt. #, etc.

City & State

Country

4. FEI Number
20-4767480

Applied For
Not Applicable

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

7. Name and Address of New Registered Agent

Name _____

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

City

FL

Zip Code

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Make check payable to
Florida Department of State**

10.	ADDITIONS/CHANGES
-----	-------------------

TITLE	President	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	Steven M. Scott, M.D.		
STREET ADDRESS	2828 Croasdaile Dr		
CITY-ST-ZIP	Durham NC 27705		

TITLE	Secretary/Treasurer	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	Anita S. Wegner		
STREET ADDRESS	2828 Croasdaile Dr		
CITY-ST-ZIP	Durham, NC 27705		

TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY - ST - ZIP			

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

SIGNATURE: Anita S. Wegner Anita S. Wegner, Sec 03-10-07 919-425-1500

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

Date _____

Daytime Phone #