## 2008 LIMITED LIABILITY COMPANY

## Apr 28, 2008 8:00 am Secretary of State ANNUAL REPORT DOCUMENT # L06000043328 04-28-2008 90043 032 \*\*\*138.75 PHOÉNIX EMERGENCY SERVICES OF SCOTT COUNTY. LLC Principal Place of Business Mailing Address 2828 CROASDAILE DRIVE 2828 CROASDAILE DRIVE DURHAM, NC 27705 DURHAM, NC 27705 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01092008 Chg-LLC CR2E083 (12/06) 4. FEI Number Applied For City & State City & State Not Applicable 20-4767480 Zio Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 City 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) Make check payable to FILE NOW!!! FEE IS \$138.75 Florida Department of State After May 1, 2008 Fee will be \$538.75 ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 10. 9. MER /P Change X Addition MGR TITLE TITLE M Delete sharen Robert Scott, M.D. SCOTT, STEVEN M.M.D. NAME NAME croadaile Dr 28 33 STREET ADDRESS STREET ADDRESS 2828 CROASDAILE DRIVE 27705 Durham, NC DURHAM, NC 27705 CITY-ST-ZIP CITY-ST-7IP TITLE Change Addition TITLE Delete SCOTT, SŢEVEN M MD Jaile Dr. NAME NAME 2838 croas 2828 CROASDAILE DR STREET ADDRESS purham, Ne 27705 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DURHAM, NC 27705 TITLE ST ☐ Delete TITLE ☐ Change ☐ Addition WEGNER, ANITA S NAME NAME STREET ADDRESS 2828 CROASDAILE DR STREET ADDRESS DURHAM, NC 27705 CITY-ST-ZIP CITY-ST-ZIF ☐ Change TITLE ☐ Addition TITLE ☐ Delete NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME

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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.

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: Inte Stelegree A	ta 5. Wesner	Sec.	04-07-08	319-425-1500	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, A	ANAGER, OR AUTHORIZED REPRESE	NTATIVE	Oate	Daytime Phone #	