

# 2001 UNIFORM BUSINESS REPORT (UBR)

0028074 AF

DOCUMENT # M98000000810

1. Entity Name  
SCOTT MEDICAL GROUP, LLC

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 MAR 26 PM 12:44

Principal Place of Business  
2828 CROASDAILE DRIVE  
DURHAM NC 27705

Mailing Address  
2828 CROASDAILE DRIVE  
DURHAM NC 27705



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number 56-2031537 Applied For Not Applicable

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

DO NOT WRITE IN THIS SPACE

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

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.

SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

500003961475-0  
-04/05/01--01096--004  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE EVP  
NAME Bruce Broadbelt  
STREET ADDRESS 2828 Croasdaile Dr.  
CITY-ST-ZIP Durham NC 27705 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition  
-04/05/01--01036--004  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

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 exemption stated in Section 119.07(3)(i), 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: Bruce D. Broadbelt 3/6/01 919-383-2683  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083