

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2003 8:00 am
Secretary of State

01-29-2003 90061 011 ****50.00

DOCUMENT # M98000000810



1. Entity Name
SCOTT MEDICAL GROUP, LLC

Principal Place of Business
**2828 CROASDAILE DRIVE
DURHAM NC 27705**

Mailing Address
**2828 CROASDAILE DRIVE
DURHAM NC 27705**

40020140



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **56-2031537**

Applied For
Not Applicable

Zip Country

Zip Country

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

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 **FL** 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS / MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SCOTT, STEVEN M 2828 CROASDAILE DRIVE DURHAM NC 27705 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SCOTT, STEVEN M 2828 CROASDAILE DRIVE DURHAM NC 27705 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BROADBELT, BRUCE M 2828 CROASDAILE DRIVE DURHAM NC 27705 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT WEGNER, ANITA M 2828 CROASDAILE DRIVE DURHAM NC 27705 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ANDERSON, JOANN M 2828 CROASDAILE DRIVE DURHAM NC 27705 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR M SCOTT, STEVEN M.D. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SCOTT, STEVEN M.D. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP BROADBELT, BRUCE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT WEGNER, ANITA <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ANDERSON, JOANN <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: SIGNATURE [Signature] 1.15.03 919.383.0355
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (10/02)