


# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

DOCUMENT # **PO5178**

1. Entity Name  
**Scottish Re (U.S.), Inc.**



03 FEB 24 PM 3:11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

600013168136  
02/27/03--01046--030 \*\*150.00

2. Principal Place of Business <b>15800 John J. Delaney Drive</b> Suite, Apt. #, etc. <b>Suite 200</b> City & State <b>Charlotte NC</b> Zip <b>28277</b> - Country <b>Mecklenburg</b>		3. Mailing Address <b>15800 John J. Delaney Dr.</b> Suite, Apt. #, etc. <b>Suite 200</b> City & State <b>Charlotte NC</b> Zip <b>28277</b> Country <b>Mecklenburg</b>	
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4. FEI Number <b>23-2038295</b>	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

DO NOT WRITE IN THIS SPACE

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7. Name and Address of Current Registered Agent

Name  
**CT Corporation System**

Street Address (P.O. Box Number is Not Acceptable)  
**1200 S. Pine Island Road**

City  
**Plantation** **FL** Zip Code  
**33324**

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 \_\_\_\_\_

January 1 - May 1: Fee is \$150.00  
After May 1: Fee is \$550.00  
Amended UBR is \$61.25  
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			
TITLE	Oscar R. Scofield President	TITLE	
NAME	15800 John J. Delaney Dr. Suite 200	NAME	
STREET ADDRESS	Charlotte NC 28277	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	EVP	TITLE	
NAME	J. Clay Moye	NAME	
STREET ADDRESS	15800 John J. Delaney Dr. Suite 200	STREET ADDRESS	
CITY-ST-ZIP	Charlotte NC 28277	CITY-ST-ZIP	
TITLE	SVP	TITLE	
NAME	Kenneth H. James	NAME	
STREET ADDRESS	15800 John J. Delaney Dr. Suite 200	STREET ADDRESS	
CITY-ST-ZIP	Charlotte NC 28277	CITY-ST-ZIP	
TITLE	SVP	TITLE	
NAME	Mary Fernald	NAME	
STREET ADDRESS	15800 John J. Delaney Dr. Suite 200	STREET ADDRESS	
CITY-ST-ZIP	Charlotte NC 28277	CITY-ST-ZIP	
TITLE	SVP	TITLE	
NAME	William Dunn	NAME	
STREET ADDRESS	15800 John J. Delaney Dr. Suite 200	STREET ADDRESS	
CITY-ST-ZIP	Charlotte NC 28277	CITY-ST-ZIP	
TITLE	VP	TITLE	
NAME	A.P. Robinson	NAME	
STREET ADDRESS	15800 John J. Delaney Dr. Suite 200	STREET ADDRESS	
CITY-ST-ZIP	Charlotte NC 28277	CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: *A.P. Robinson* JAN. 10, 2003 (704) 943-2082

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)

*78 2164*



SCOTTISH RE<sup>SM</sup>

Attachment

# P05178

February 14, 2003

Uniform Business Report  
Division of Corporations  
PO Box 1500  
Tallahassee FL 32302-1500

Re: Scottish Re (U.S.), Inc. #000000105943 PO5178

To Whom It May Concern:

Enclosed please find the Uniform Business Report for Scottish Re (U.S.), Inc. and a \$150 check for the annual fee.

If you have any questions or need additional information please feel free to call me at (704) 943-2090. My email address is [julee.medlin@scottishre.com](mailto:julee.medlin@scottishre.com).

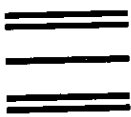
Sincerely,

*Julee B. Medlin*  
Julee B. Medlin  
Compliance Analyst

Enclosure

From

**Leticia Adan, M.D., P.A.**  
MIAMI HEART INSTITUTE  
4701 North Meridian Ave., Suite #300  
Adams Building, Miami Beach, FL 33140



FICTITIOUS NAME RENEWAL  
PO BOX 1300  
TALLAHASSEE FL 32302-1300

