

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000136803

**Entity Name:** DICKINSON VPH, LLC

**Current Principal Place of Business:**

1934 LARGO PLACE  
JACKSONVILLE, FL 32207

**Current Mailing Address:**

1934 LARGO PLACE  
JACKSONVILLE, FL 32207

**FEI Number: 46-1284792**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

BRANT, ABRAHAM, REITER, MCCORMICK & JOHNS  
50 NORTH LAURA STREET STE 2750  
JACKSONVILLE, FL 32202 US

*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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Authorized Person(s) Detail :**

Title MGR  
Name SAFFELL, PAUL K  
Address 1984 LARGO PLACE  
City-State-Zip: JACKSONVILLE FL 32207

Title MGRM  
Name SAFFELL, PAUL K  
Address 1934 LARGO PLACE  
City-State-Zip: JACKSONVILLE FL 32207

Title MGRM  
Name CROUCH, ROBERT  
Address 1934 LARGO PLACE  
City-State-Zip: JACKSONVILLE FL 32207

Title MGRM  
Name MARSHALL, JOHN LIII  
Address 1934 LARGO PLACE  
City-State-Zip: JACKSONVILLE FL 32207

Title MGRM  
Name HOLLAND, GREGORY  
Address 1934 LARGO PLACE  
City-State-Zip: JACKSONVILLE FL 32207

Title MGRM  
Name HELLEIN, SEAN J  
Address 1934 LARGO PLACE  
City-State-Zip: JACKSONVILLE FL 32207

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: PAUL SAFFELL**

**MANAGING MEMBER**

**02/10/2013**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date