


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 MAY -1 AM 9:15

DOCUMENT # L02000024565 1. Entity Name MDV, LLC	
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Principal Place of Business 8201 UNIVERSITY PARKWAY PENSACOLA, FL 32514	Mailing Address 8201 UNIVERSITY PARKWAY PENSACOLA, FL 32514
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DO NOT WRITE IN THIS SPACE

04262006 No Chg-LLC CR2E083 (11/05)

4. FEI Number 76-0715609	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

HUSTON, GARY W
 125 W. ROMANA STREET, SUITE 800
 PENSACOLA, FL 32501

DO NOT WRITE
IN THIS SPACE

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 _____

Signature, typed or printed name of registered agent and title if applicable

Filing Fee is \$50.00
Due by May 1, 2006

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MMS, LLC 8201 UNIVERSITY PARKWAY PENSACOLA, FL 32514
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05/08/06--01016--025 **550.00

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.

SIGNATURE: Andy Payne 4-27-06 _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #