

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000024565

**FILED**  
**Apr 23, 2009**  
**Secretary of State**

**Entity Name:** MDV, LLC

**Current Principal Place of Business:**

8201 UNIVERSITY PARKWAY  
PENSACOLA, FL 32514

**New Principal Place of Business:**

**Current Mailing Address:**

8201 UNIVERSITY PARKWAY  
PENSACOLA, FL 32514

**New Mailing Address:**

**FEI Number:** 76-0715609

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

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

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

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

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: MMS, LLC  
Address: 8201 UNIVERSITY PARKWAY  
City-St-Zip: PENSACOLA, FL 32514

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: WEST FLORIDA MEDICAL CENTER CLINIC, P.A.  
Address: 8333 NORTH DAVIS HIGHWAY  
City-St-Zip: PENSACOLA, FL 32514 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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.

SIGNATURE: ANDY POPPLE

MGR

04/23/2009

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date