

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