

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000024565

FILED  
Apr 23, 2012  
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  
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 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: WEST FLORIDA MEDICAL CENTER CLINIC, P.A.

MGR

04/23/2012

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