

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L02000024749

**FILED**  
**Apr 27, 2010**  
**Secretary of State**

**Entity Name:** PINNACLE PHYSICIANS, 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:** 52-2383909

**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: MDV, LLC  
Address: 8201 UNIVERSITY PARKWAY  
City-St-Zip: PENSACOLA, FL 32514

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: ANDY POPPLE

MGR

04/27/2010

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