

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L03000011017

1. Entity Name
MEDPRO SOLUTIONS, LLC



Principal Place of Business
8201 UNIVERSITY PARKWAY
PENSACOLA, FL 32514

Mailing Address
8201 UNIVERSITY PARKWAY
PENSACOLA, FL 32514

FILED

08 FEB 26 AM 10:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01232008 No Chg-LLC

CR2E083 (12/07)

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4. FEI Number
84-1624448

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	MMS, LLC
STREET ADDRESS	8201 UNIVERSITY PARKWAY
CITY-ST-ZIP	PENSACOLA, FL 32514

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
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CITY-ST-ZIP	

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**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

2/6/08

Date

Daytime Phone # _____