2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2010
Secretary of State

DOCUMENT# L03000011021

Entity Name: MVI, 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: 84-1624444 **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 Statues.

SIGNATURE: ANDY POPPLE MGR 04/27/2010

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