2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 21, 2005
Secretary of State

DOCUMENT# L03000015587

Entity Name: MMS, LLC

Current Principal Place of Business:

8201 UNIVERSITY PKWY
PENSACOLA, FL 32514

New Principal Place of Business:

Current Mailing Address:

8201 UNIVERSITY PKWY
PENSACOLA, FL 32514

New Mailing Address:

FEI Number: 65-1194623 **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 ST, STE 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/MEMBERS:

Title:	MGRM	( ) Delete
Name:	WEST FLORIDA MEDICAL, CENTER CLINIC , P.A.	
Address:	8333 NORTH DAVIS HWY.	
City-St-Zip:	PENSACOLA, FL 32514	
Title:	MGR	( ) Delete
Name:	POPPLE, M A	
Address:	8333 NORTH DAVIS HWY.	
City-St-Zip:	PENSACOLA, FL 32514	
Title:	MGR	( ) Delete
Name:	REDMOND, M.D., M R	
Address:	8333 NORTH DAVIS HWY.	
City-St-Zip:	PENSACOLA, FL 32514	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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 04/21/2005

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