

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000054712

Entity Name: MDHPX, LLC

**FILED**  
**Feb 28, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

12809 ILLINOIS WOODS LANE  
ORLANDO, FL 32824

**New Principal Place of Business:**

**Current Mailing Address:**

12809 ILLINOIS WOODS LANE  
ORLANDO, FL 32824

**New Mailing Address:**

FEI Number: 20-1435180

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CLARKE, RICHARD C  
12809 ILLINOIS WOODS LANE  
ORLANDO, FL 32824 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: CLARKE, RICHARD  
Address: 12809 ILLINOIS WOODS LANE  
City-St-Zip: ORLANDO, FL 32824

Title: MGRM  
Name: LANDRY, KRISTY G  
Address: 12809 ILLINOIS WOODS LN  
City-St-Zip: ORLANDO, FL 32824

Title: MGRM  
Name: MIRE, TORY M  
Address: 12809 ILLINOIS WOODS LANE  
City-St-Zip: ORLANDO, FL 32824

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: RICHARD C. CLARKE

MANG

02/28/2011

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