2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000014889

Entity Name: MSO VENTURES, LLC

FILED May 05, 2011 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

8333 N DAVIS HWY PENSACOLA, FL 32514

Current Mailing Address: New Mailing Address:

8333 N DAVIS HWY PENSACOLA, FL 32514

FEI Number: 26-4285915 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

HUSTON, GARY W 125 W ROMANA ST STE 800 PENSACOLA, FL 32502 US

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 HWY
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 Statues.

SIGNATURE: ANDY POPPLE ED 05/05/2011