2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 05, 2011
Secretary of State

DOCUMENT# L09000014889

Entity Name: MSO VENTURES, LLC

Current Principal Place of Business:

8333 N DAVIS HWY
PENSACOLA, FL 32514

New Principal Place of Business:

Current Mailing Address:

8333 N DAVIS HWY
PENSACOLA, FL 32514

New Mailing Address:

FEI Number: 26-4285915 **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 32502 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 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

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