## 2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000024749

Entity Name: PINNACLE PHYSICIANS, LLC

**Current Principal Place of Business:** 

8201 UNIVERSITY PARKWAY PENSACOLA, FL 32514

**Current Mailing Address:** 

8201 UNIVERSITY PARKWAY PENSACOLA, FL 32514

FEI Number: 52-2383909 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HUSTON, GARY W 125 W. ROMANA STREET SUITE 800 PENSACOLA, FL 32501 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

FILED Feb 23, 2015

**Secretary of State** 

CC5521403960

## Authorized Person(s) Detail:

Title MGR

Name MDV, LLC

Address 8201 UNIVERSITY PARKWAY

City-State-Zip: PENSACOLA FL 32514

I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

Electronic Signature of Signing Authorized Person(s) Detail