

2014 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

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.

SIGNATURE: MDV, LLC

MGR

04/21/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date