

11/30/2020

Division of Corporations

Florida Department of State  
 Division of Corporations  
 Electronic Filing Cover Sheet

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To: Division of Corporations  
 Fax Number : (850)617-6383

From: Account Name : C T CORPORATION SYSTEM  
 Account Number : FCA000000023  
 Phone : (614)280-3338  
 Fax Number : (954)208-0845

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

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**Foreign Limited Liability Company  
 MC MEDICAL LLC**

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$155.00

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

2021 NOV 30 PM 1:31

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DEC - 1 2020  
 K. Brumley

DocuSign Envelope ID: A9318EAE-27B0-492A-82D8-9419DBA968D8

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. MC MEDICAL LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC")

MC MEDICAL OF GA LLC
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC")

2. GEORGIA (Incorporation under the law of which foreign limited liability company is organized)
3. 83-4080594 (FEI number, if applicable)

4. (Date first transacted business in Florida, if prior to registration)
(See sections 605.006 & 605.0905, F.S. to determine penalty liability)

5. 702 SW 8TH ST MSC 0235 (Street Address of Principal Office)
6. 702 SW 8TH ST MSC 0235 (Mailing Address)
BENTONVILLE AR 72716 BENTONVILLE AR 72716

7. Name and street address of Florida registered agent (P.O. Box NOT acceptable)

Name: C T CORPORATION SYSTEM
Office Address: 1200 SOUTH PINE ISLAND ROAD
PLANTATION, Florida 33324
(City) (Zip code)

Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

James M. Halpin
Assistant Secretary
(Registered agent's signature)

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SECRETARY OF STATE
ALLAHUSSEIN FLEORIDA

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8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage (up to six (6) total): **PLEASE SEE ATTACHED.**

Title or Capacity:                    Name and Address:

Manager        Name: SOUJANYA PULLURU, MD

Member                    Address: 702 SW 8TH ST MSC 0235

Authorized        BENTONVILLE, AR 72716

Person                    \_\_\_\_\_

Other \_\_\_\_\_                     Other \_\_\_\_\_

Title or Capacity:                    Name and Address:

Manager        Name: AMBER BYNUM

Member                    Address: 702 SW 8TH ST MSC 0235

Authorized        BENTONVILLE, AR 72716

Person                    \_\_\_\_\_

Other \_\_\_\_\_                     Other \_\_\_\_\_

Manager        Name: JAMES VAWTER

Member                    Address: 702 SW 8TH ST MSC 0235

Authorized        BENTONVILLE, AR 72716

Person                    \_\_\_\_\_

Other \_\_\_\_\_                     Other \_\_\_\_\_

Manager        Name: \_\_\_\_\_

Member                    Address: \_\_\_\_\_

Authorized        \_\_\_\_\_

Person                    \_\_\_\_\_

Other \_\_\_\_\_                     Other \_\_\_\_\_

Manager        Name: MARCUS OSBORNE

Member                    Address: 702 SW 8TH ST MSC 0235

Authorized        BENTONVILLE, AR 72716

Person                    \_\_\_\_\_

Other \_\_\_\_\_                     Other \_\_\_\_\_

Manager        Name: \_\_\_\_\_

Member                    Address: \_\_\_\_\_

Authorized        \_\_\_\_\_

Person                    \_\_\_\_\_

Other \_\_\_\_\_                     Other \_\_\_\_\_

Important Notice. Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)

10. This document is executed in accordance with section 605.0203 (1)(b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a crime as provided for in s 817.155, F.S.

*Marcus Osborne*

\_\_\_\_\_  
Signature of an authorized person

\_\_\_\_\_  
MARCUS OSBORNE

\_\_\_\_\_  
Typed or printed name of signer

Control Number : 19038601

**STATE OF GEORGIA****Secretary of State**

Corporations Division

313 West Tower

2 Martin Luther King, Jr. Dr.

Atlanta, Georgia 30334-1530

**CERTIFICATE OF EXISTENCE**

I, **Brad Raffensperger**, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

**MC MEDICAL LLC**  
a Domestic Limited Liability Company

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Docket Number : 19817913  
Date Inc/Auth/Filed: 03/21/2019  
Jurisdiction : Georgia  
Print Date : 11/18/2020  
Form Number : 211



*Brad Raffensperger*

Brad Raffensperger  
Secretary of State

Control Number : 19038601

**STATE OF GEORGIA****Secretary of State**

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