

2021 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M20000010882

Entity Name: MC MEDICAL OF GA LLC

Current Principal Place of Business:

702 SW 8TH ST. MSC 0235
BENTONVILLE, AR 72716

Current Mailing Address:

702 SW 8TH ST. MSC 0235
BENTONVILLE, AR 72716

FEI Number: 83-4080594

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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 MANAGER / PRESIDENT
Name PULLURU, SOUJANYA (CHINNI) MD
Address 702 SW 8TH ST. MSC 0235
City-State-Zip: BENTONVILLE AR 72716

Title MANAGER / SENIOR VICE PRESIDENT
 / TREASURER
Name VAWTER, JAMES
Address 702 SW 8TH ST. MSC 0235
City-State-Zip: BENTONVILLE AR 72716

Title MANAGER / EXECUTIVE VICE
 PRESIDENT / SECRETARY
Name OSBORNE, MARCUS
Address 702 SW 8TH ST. MSC 0235
City-State-Zip: BENTONVILLE AR 72716

Title ASSISTANT SECRETARY
Name READING, DAVID
Address 702 SW 8TH ST. MSC 0235
City-State-Zip: BENTONVILLE AR 72716

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: DAVID READING

ASSISTANT SECRETARY 01/22/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date