

M20000010882

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

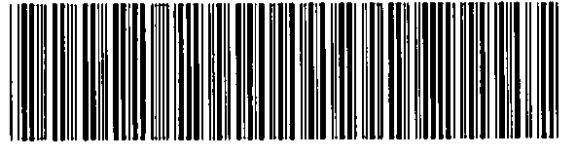
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 9/14/21

NAME: MC MEDICAL OF GA LLC

TYPE OF FILING: AMENDMENT

COST: 60.00

RETURN: CERTIFIED COPY AND GOOD STANDING PLEASE

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE



COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MC MEDICAL OF GA LLC
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

CHARLOTTE M ROORK
Name of Person

MCDERMOTT WILL & EMERY LLP
Firm/Company

444 W LAKE ST STE 4000
Address

CHICAGO IL 60606
City/State and Zip Code

CROORK@MWE.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CHARLOTTE M ROORK at (312) 899-7286
Name of Person Area Code & Daytime Telephone Number

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

- \$25 Filing Fee
- \$30 Filing Fee & Certificate of Status
- \$55 Filing Fee & Certified Copy
- \$60 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: MC MEDICAL OF GA LLC

Enter new principal office address, if applicable: 702 SW 8TH ST

(Principal office address

MUST BE A STREET ADDRESS)

MSC 0215

BENTONVILLE AR 72716

Enter new mailing address, if applicable: 702 SW 8TH ST

(Mailing address

MAY BE A POST OFFICE BOX)

MSC 0215

BENTONVILLE AR 72716

2. The Florida document number of this limited liability company is: M20000010882

3. Jurisdiction of its organization: GEORGIA

4. Date authorized to do business in Florida: 11/30/2020

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: _____
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C.," or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____

Enter Florida Street Address

_____, Florida

City

Zip Code

New Registered Agent's Signature, if changing Registered Agent:

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 as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

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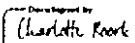
7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(c), indicate that change:
PLEASE SEE ATTACHED DESCRIPTION OF CHANGES.

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
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_____	_____	_____	<input type="checkbox"/> Remove

SECRETARY OF STATE
 TALLAHASSEE, FL 32310
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 Add
 Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.



 Signature of the authorized representative

CHARLOTTE M. ROORK, AUTHORIZED REPRESENTATIVE

 Typed or printed name of signee

Filing Fee: \$25.00

The following authorized person is removed:

Marcus Osborne

702 SW 8th St MSC 0235, Bentonville, AR 72716

David Reading

Title: Assistant Secretary

702 SW 8th St., MSC 0215, Bentonville, AR 72716

The following authorized persons are changed:

Soujanya (Chinni) Pulluru, MD

Title: President

702 SW 8th St., MSC 0215, Bentonville, AR 72716

Amber Bynum

Title: Chief Administrative Officer

702 SW 8th St., MSC 0215, Bentonville, AR 72716

James Vawter

Title: Assistant Chief Administrative Officer 702 SW

8th St., MSC 0215, Bentonville, AR 72716

The following authorized person is added:

Sarah Little

Title: Assistant Secretary

702 SW 8th St., MSC 0215, Bentonville, AR 72716

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