## **2022 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 0215 BENTONVILLE, AR 72716

**Current Mailing Address:** 

702 SW 8TH ST MSC 0215 BENTONVILLE, AR 72716 US

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

**FILED** Apr 28, 2022

**Secretary of State** 

5205233453CC

Authorized Person(s) Detail:

Title MANAGER

VAWTER, JAMES Name

702 SW 8TH ST MSC 0215 Address

BENTONVILLE AR 72716

City-State-Zip:

Title MANAGER

Name OSBORNE, MARCUS

Address 702 SW 8TH ST MSC 0215

City-State-Zip: BENTONVILLE AR 72716

Title MANAGER

GILDER. THOMAS VAN MD Name 702 SW 8TH ST MSC 0215 Address City-State-Zip: BENTONVILLE AR 72716

Title MANAGER

Name KARIM, BENNIS

Address 702 SW 8TH ST MSC 0215

City-State-Zip: BENTONVILLE AR 72716

Title MANAGER

Name SLOVENSKI, SEAN

Address 702 SW 8TH ST MSC 0215

BENTONVILLE AR 72716 City-State-Zip:

**MANAGER** 

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: JAMES VAWTER

Electronic Signature of Signing Authorized Person(s) Detail

04/28/2022

Date