

**2023 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M20000010882

**Entity Name:** MC MEDICAL OF GA LLC

**Current Principal Place of Business:**

702 SW 8TH STREET, MSC 0235  
BENTONVILLE, AR 72716

**Current Mailing Address:**

702 SW 8TH STREET, MSC 0235  
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

**Authorized Person(s) Detail :**

Title ASSISTANT CHIEF ADMINISTRATIVE OFFICER  
Name SETZER, BRIAN  
Address 702 SW 8TH STREET, MSC 0235  
City-State-Zip: BENTONVILLE AR 72716

Title ASSISTANT CHIEF ADMINISTRATIVE OFFICER  
Name SIMMONS, NEAL  
Address 702 SW 8TH STREET, MSC 0235  
City-State-Zip: BENTONVILLE AR 72716

Title ASSISTANT SECRETARY  
Name LITTLE, SARAH  
Address 702 SW 8TH STREET, MSC 0235  
City-State-Zip: BENTONVILLE AR 72716

Title CHIEF ADMINISTRATIVE OFFICER  
Name GRABOW, AUBREY  
Address 702 SW 8TH STREET, MSC 0235  
City-State-Zip: BENTONVILLE AR 72716

Title PRESIDENT  
Name PULLURU, SOUJANYA (CHINNI) R  
Address 702 SW 8TH STREET, 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:** SARAH LITTLE

**ASSISTANT SECRETARY 04/06/2023**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date