

2024 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M15000006600

Entity Name: WIREGRASS CLINIC, LLC

Current Principal Place of Business:

4000 MERIDIAN BLVD
FRANKLIN, TN 37067

Current Mailing Address:

4000 MERIDIAN BLVD
FRANKLIN, TN 37067

FEI Number: 27-2239880

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 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
Name PITT, JUSTIN D.
Address 4000 MERIDIAN BLVD
City-State-Zip: FRANKLIN TN 37067

Title MANAGER
Name HAMMONS, KEVIN J.
Address 4000 MERIDIAN BLVD
City-State-Zip: FRANKLIN TN 37067

Title MANAGER
Name CASH, W. BRADLEY
Address 4000 MERIDIAN BLVD
City-State-Zip: FRANKLIN TN 37067

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: JUSTIN D. PITT

MANAGER

04/25/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date