

**2023 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:** KEVIN J. HAMMONS

MANAGER

04/12/2023

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

\_\_\_\_\_  
Date