

2024 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M20000010152

Entity Name: MEDICAL ASSOCIATION OF GEORGIA INSURANCE AGENCY, LLC

FILED
Mar 04, 2024
Secretary of State
4325480594CC

Current Principal Place of Business:

110 WEST RD STE 227
TOWSON, MD 21204

Current Mailing Address:

110 WEST RD STE 227
TOWSON, FL 21204 US

FEI Number: 85-3108816

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S PINE ISLAND RD
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 MBR
Name DATA TRACE PARTNERS V, LLC
Address 110 WEST RD STE 227
City-State-Zip: TOWSON MD 21204

Title AP
Name REICHER, DAVID L
Address 110 WEST RD STE 227
City-State-Zip: TOWSON MD 21204

Title MBR
Name MAG INSURANCE SOLUTIONS, LLC
Address 1849 THE EXCHANGE STE 200
City-State-Zip: ATLANTA GA 30339

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: DAVID REICHER

PRESIDENT

03/04/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date