

2023 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L20000201091

Entity Name: MC MEDICAL 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: 32-0634410

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CASCETTE, MICHAEL
1530 ADAMS ST
HOLLYWOOD, FL 33020 US

500406941895 J

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 MGR
Name R PULLURU, MD, SOUJANYA (CHINNI)
Address 702 SW 8TH STREET
MSC 0235
City-State-Zip: BENTONVILLE AR 72716

Title PRESIDENT
Name R PULLURU, MD, SOUJANYA
(CHINNI)
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 ASSISTANT CHIEF ADMINISTRATIVE
OFFICER
Name SETZER, BRIAN
Address 702 SW 8TH STREET
MSC 0235
City-State-Zip: BENTONVILLE AR 72716

No Authority to File
Amended Annual Report

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 03/29/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date