

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000038539

Entity Name: MCCARTHY MEDICAL LLC

Current Principal Place of Business:

305 OSCEOLA CT
NICEVILLE, FL 32578

Current Mailing Address:

PO BOX 641
NICEVILLE, FL 32588 US

FEI Number: 27-2556823

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BUSINESS FILINGS INCORPORATED
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: MARK WILLIAMS

03/08/2018

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MEMBERS
Name MCCARTHY, SCOTT
Address 305 OSCEOLA CT
City-State-Zip: NICEVILLE FL 32578

Title MEMBERS
Name MCCARTHY, AMANDA
Address 305 OSCEOLA CT
City-State-Zip: NICEVILLE FL 32578

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: AMANDA MCCARTHY

MEMBER

03/08/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date