

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000187181

Entity Name: MCCLAIN LERNER MEDICAL, LLC

Current Principal Place of Business:

2631-A NW 41ST STREET
GAINESVILLE, FL 32606

Current Mailing Address:

764 SPLIT RAIL LN
KNOXVILLE, TN 37934 US

FEI Number: 81-4210840

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MCCLAIN LERNER MEDICALLLC
2631-A NW 41ST STREET
GAINESVILLE, FL 32606 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: LIA RACHEL MCCLAIN

07/15/2022

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGRM
Name MCCLAIN, MORGAN W
Address 764 SPLIT RAIL LN
City-State-Zip: KNOXVILLE TN 37934

Title MBR
Name MCCLAIN, MICAH
Address 764 SPLIT RAIL LN
City-State-Zip: KNOXVILLE TN 37934

Title AUTHORIZED MEMBER
Name MCCLAIN, LIA RACHEL
Address 764 SPLIT RAIL LN
City-State-Zip: KNOXVILLE TN 37934

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: MORGAN MCCLAIN

MANAGER

07/15/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date