2021 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT

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FILED
Oct 04, 2021
Secretary of State
6655231603CR

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: Yes

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 10/04/2021

Electronic Signature of Registered Agent — Date

Authorized Person(s) Detail :

Title	MGRM	Title	MBR
Name	MCCLAIN, MORGAN W	Name	MCCLAIN, MICAH
Address	764 SPLIT RAIL LN	Address	764 SPLIT RAIL LN
City-State-Zip:	KNOXVILLE TN 37934	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: LIA MCCLAIN 10/04/2021

Electronic Signature of Signing Authorized Person(s) Detail — Date