

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000065315

**Entity Name:** MC MEDICAL GROUP LLC**Current Principal Place of Business:**618 E SOUTH STREET  
SUITE 500  
ORLANDO, FL 32801**Current Mailing Address:**618 E SOUTH STREET  
SUITE 500  
ORLANDO, FL 32801 US**FEI Number:** 32-0598716**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**HERNANDEZ BARRIOS, CESAR A  
8084 LUDINGTON CIR  
ORLANDO, FL 32836 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	MANAGER
Name	HERNANDEZ BARRIOS, CESAR A
Address	8084 LUDINGTON CIR
City-State-Zip:	ORLANDO FL 32836

Title	AUTHORIZED MEMBER
Name	CAHB MANAGEMENT LLC
Address	8084 LUDINGTON CIR
City-State-Zip:	ORLANDO FL 32836

Title	AUTHORIZED MEMBER
Name	VICMAN CAPITAL LLC
Address	11111 BISCAYNE BLVD APT 1010
City-State-Zip:	MIAMI FL 33181

Title	AUTHORIZED MEMBER
Name	BARRIOS DE HERNANDEZ, MARILUNA D
Address	87 SHADOW CREEK RIDGE DR
City-State-Zip:	SPRING TX 77389

*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:** CESAR A HERNANDEZ BARRIOS

MANAGER

01/14/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date