

**2019 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M08000003742

**FILED**  
**Mar 25, 2019**  
**Secretary of State**  
**6313520573CC**

**Entity Name:** MEDICAL DOCTOR ASSOCIATES, LLC

**Current Principal Place of Business:**

4775 PEACHTREE INDUSTRIAL BLVD.  
SUITE 300  
BERKELEY LAKE, GA 30092

**Current Mailing Address:**

5201 CONGRESS AVENUE  
SUITE 100 B  
BOCA RATON, FL 33487 US

**FEI Number:** 26-2936432

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 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	MGRM	Title	PRESIDENT
Name	MDA HOLDINGS, INC.	Name	MOTE, KAREN
Address	4775 PEACHTREE INDUSTRIAL BLVD.	Address	4775 PEACHTREE INDUSTRIAL BLVD. SUITE 300
City-State-Zip:	BERKELEY LAKE GA 30092	City-State-Zip:	BERKELEY LAKE GA 30092
Title	EXECUTIVE VICE PRESIDENT	Title	VP
Name	CLARK, KEVIN	Name	ANDERSON, ANNE
Address	5201 CONGRESS AVENUE SUITE 100 B	Address	4775 PEACHTREE INDUSTRIAL BLVD. SUITE 300
City-State-Zip:	BOCA RATON FL 33487	City-State-Zip:	BERKELEY LAKE GA 30092
Title	VP	Title	SECRETARY
Name	BURNS, WILLIAM J.	Name	BALL, SUSAN E.
Address	5201 CONGRESS AVENUE SUITE 100 B	Address	5201 CONGRESS AVENUE SUITE 100 B
City-State-Zip:	BOCA RATON FL 33487	City-State-Zip:	BOCA RATON FL 33487
Title	ASSISTANT CONTROLLER	Title	ASSISTANT TREASURER
Name	PIZZI, CHRISTOPHER	Name	POPKIN, GREGORY
Address	5201 CONGRESS AVENUE SUITE 100 B	Address	5201 CONGRESS AVENUE SUITE 100 B
City-State-Zip:	BOCA RATON FL 33487	City-State-Zip:	BOCA RATON FL 33487

*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:** SUSAN E. BALL

**SECRETARY**

**03/25/2019**

Electronic Signature of Signing Authorized Person(s) Detail

Date