

2026 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M08000003742

Entity Name: MEDICAL DOCTOR ASSOCIATES, LLC

Current Principal Place of Business:

5201 CONGRESS AVE
STE 160
BOCA RATON, FL 33487

Current Mailing Address:

5201 CONGRESS AVE
STE 160
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
Name CROSS COUNTRY STAFFING, INC.
Address 5201 CONGRESS AVE., SUITE 160
City-State-Zip: BOCA RATON FL 33487

Title PRESIDENT
Name MOTE, KAREN
Address 5201 CONGRESS AVE., SUITE 160
City-State-Zip: BOCA RATON FL 33487

Title EXECUTIVE VICE PRESIDENT
Name CLARK, KEVIN
Address 5201 CONGRESS AVE., SUITE 160
City-State-Zip: BOCA RATON FL 33487

Title VP
Name BURNS, WILLIAM J.
Address 5201 CONGRESS AVE., SUITE 160
City-State-Zip: BOCA RATON FL 33487

Title SECRETARY
Name BALL, SUSAN E.
Address 5201 CONGRESS AVE., SUITE 160
City-State-Zip: BOCA RATON FL 33487

Title ASSISTANT CONTROLLER
Name REDD, JAY
Address 5201 CONGRESS AVE., SUITE 160
City-State-Zip: BOCA RATON FL 33487

Title ASSISTANT TREASURER, VP TAX
Name POPKIN, GREGORY
Address 5201 CONGRESS AVE., SUITE 160
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

04/30/2026

Electronic Signature of Signing Authorized Person(s) Detail

Date