

**2024 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M08000003742

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

**Current Principal Place of Business:**

6551 PARK OF COMMERCE BLVD.  
BOCA RATON, FL 33487

**Current Mailing Address:**

6551 PARK OF COMMERCE BLVD.  
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 6551 PARK OF COMMERCE BLVD.  
City-State-Zip: BOCA RATON FL 33487

Title PRESIDENT  
Name MOTE, KAREN  
Address 6551 PARK OF COMMERCE BLVD.  
City-State-Zip: BOCA RATON FL 33487

Title EXECUTIVE VICE PRESIDENT  
Name MARTINS, JOHN  
Address 6551 PARK OF COMMERCE BLVD.  
City-State-Zip: BOCA RATON FL 33487

Title VP  
Name BURNS, WILLIAM J.  
Address 6551 PARK OF COMMERCE BLVD.  
City-State-Zip: BOCA RATON FL 33487

Title SECRETARY  
Name BALL, SUSAN E.  
Address 6551 PARK OF COMMERCE BLVD.  
City-State-Zip: BOCA RATON FL 33487

Title ASSISTANT CONTROLLER  
Name REDD, JAY  
Address 6551 PARK OF COMMERCE BLVD.  
City-State-Zip: BOCA RATON FL 33487

Title ASSISTANT TREASURER  
Name POPKIN, GREGORY  
Address 6551 PARK OF COMMERCE BLVD.  
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**

**04/03/2024**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date