2021 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M08000003742

Entity Name: MEDICAL DOCTOR ASSOCIATES, LLC

Current Principal Place of Business:

4775 PEACHTREE INDUSTRIAL BLVD.

SUITE 300

BERKELEY LAKE, GA 30092

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

FILED Apr 20, 2021

Secretary of State

4185484152CC

Authorized Person(s) Detail:

Title MGRM Title **PRESIDENT** Name MDA HOLDINGS, INC. Name MOTE, KAREN

Address 6551 PARK OF COMMERCE BLVD. Address 6551 PARK OF COMMERCE BLVD.

City-State-Zip: BOCA RATON FL 33487 City-State-Zip: BOCA RATON FL 33487

Title EXECUTIVE VICE PRESIDENT Title **EXECUTIVE VICE PRESIDENT**

Name ANDERSON, ANNE Name CLARK, KEVIN

Address 6551 PARK OF COMMERCE BLVD. Address 6551 PARK OF COMMERCE BLVD.

City-State-Zip: **BOCA RATON FL 33487 BOCA RATON FL 33487** City-State-Zip:

Title **SECRETARY** Title BALL, SUSAN E. Name BURNS, WILLIAM J. Name

Address 6551 PARK OF COMMERCE BLVD. Address 6551 PARK OF COMMERCE BLVD.

City-State-Zip: BOCA RATON FL 33487 City-State-Zip: BOCA RATON FL 33487

Title ASSISTANT TREASURER Title ASSISTANT CONTROLLER

Name POPKIN, GREGORY Name REDD. JAY

Address 5201 CONGRESS AVENUE Address 6551 PARK OF COMMERCE BLVD.

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.

04/20/2021 SIGNATURE: SUSAN E. BALL **SECRETARY**

Electronic Signature of Signing Authorized Person(s) Detail

Date