

2020 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M08000003742

FILED
Feb 05, 2020
Secretary of State
1826924224CC

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
Name MDA HOLDINGS, INC.
Address 4775 PEACHTREE INDUSTRIAL BLVD.
City-State-Zip: BERKELEY LAKE GA 30092

Title PRESIDENT
Name MOTE, KAREN
Address 4775 PEACHTREE INDUSTRIAL BLVD.
SUITE 300
City-State-Zip: BERKELEY LAKE GA 30092

Title EXECUTIVE VICE PRESIDENT
Name CLARK, KEVIN
Address 5201 CONGRESS AVENUE
SUITE 100 B
City-State-Zip: BOCA RATON FL 33487

Title EXECUTIVE VICE PRESIDENT
Name ANDERSON, ANNE
Address 4775 PEACHTREE INDUSTRIAL BLVD.
SUITE 300
City-State-Zip: BERKELEY LAKE GA 30092

Title VP
Name BURNS, WILLIAM J.
Address 5201 CONGRESS AVENUE
SUITE 100 B
City-State-Zip: BOCA RATON FL 33487

Title SECRETARY
Name BALL, SUSAN E.
Address 5201 CONGRESS AVENUE
SUITE 100 B
City-State-Zip: BOCA RATON FL 33487

Title ASSISTANT CONTROLLER
Name PIZZI, CHRISTOPHER
Address 5201 CONGRESS AVENUE
SUITE 100 B
City-State-Zip: BOCA RATON FL 33487

Title ASSISTANT TREASURER
Name POPKIN, GREGORY
Address 5201 CONGRESS AVENUE
SUITE 100 B
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

02/05/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date