

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000149228

Entity Name: ISLAND DOCTORS OF NEW SMYRNA BEACH MEDICAL CENTER, LLC

Current Principal Place of Business:

500 WEST MAIN STREET
LOUISVILLE, KY 40202

Current Mailing Address:

PO BOX 740026
LOUISVILLE, KY 40201-7426 US

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 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: SHERIE HINTON

04/30/2018

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

| | | | |
|-----------------|--------------------------|-----------------|---------------------------|
| Title | MEMBER MANAGED | Title | MEMBER MANAGED |
| Name | MCCI GROUP HOLDINGS, LLC | Name | HINMAN, ROY H. M.D., P.A. |
| Address | 500 WEST MAIN STREET | Address | 500 WEST MAIN STREET |
| City-State-Zip: | LOUISVILLE KY 40202 | City-State-Zip: | LOUISVILLE KY 40202 |

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: DONALD HANK ROBINSON

SENIOR VICE PRESIDENT 04/30/2018
- TAX

Electronic Signature of Signing Authorized Person(s) Detail

Date