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.

MANAGER

SIGNATURE: HINMAN , ROY H. , M.D., P.A. Electronic Signature of Signing Authorized Person(s) Detail

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT DOCUMENT# L13000149228

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

Current Principal Place of Business:

100 ARRICOLA AVE ST AUGUSTINE, FL 32080

Current Mailing Address:

100 ARRICOLA AVE ST AUGUSTINE, FL 32080 US

FEI Number: 80-0955638

Name and Address of Current Registered Agent:

HINMAN, ROY H. M.D. 100 ARRICOLA AVE ST. AUGUSTINE, FL 32080 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: ROY H. HINMAN, M.D.

Electronic Signature of Registered Agent

Authorized Person(s) Detail :

TitleMEMBER MANAGEDNameHINMAN, ROY H. M.D., P.A.Address100 ARRICOLA AVECity-State-Zip:ST AUGUSTINE FL 32080

Jan 13, 2021 Secretary of State 5296185006CC

FILED

Certificate of Status Desired: No

01/13/2021

Date

01/13/2021 Date