

**2014 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L13000149228

**FILED  
Apr 08, 2014  
Secretary of State  
CC2676045503**

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

**Current Principal Place of Business:**

4960 SW 72ND AVE #406  
MIAMI, FL 33155

**Current Mailing Address:**

4960 SW 72ND AVE #406  
MIAMI, FL 33155

**FEI Number: NOT APPLICABLE**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

NRAI SERVICES, INC.  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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:** KRAHM, ASSISTANT SECRETARY TO NRAI

04/08/2014

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	4960 SW 72ND AVE #406	Address	4960 SW 72ND AVE #406
City-State-Zip:	MIAMI FL 33155	City-State-Zip:	MIAMI FL 33155

*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:** JEFF LAWRENCE

**AUTHORIZED PERSON**

04/08/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date