

**2019 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

05/08/2019

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:** HANK ROBINSON

SENIOR VICE  
PRESIDENT- TAX

05/08/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date