| ST AUGUSTIN  | IE, FL 32080                             |         |                                   |            |
|--|--|---------|-----------------------------------|------------|
| Current Mailing Address:   |  |         |                                   |            |
| 100 ARRIC<br>ST AUGUS  | OLA AVE<br>TINE, FL 32080 US             |         |                                   |            |
| FEI Number: 80-0966753   |  |         | Certificate of Status Desired: No |            |
| Name and Address of Current Registered Agent:  |  |         |                                   |            |
| HINMAN, ROY H. II<br>100 ARRICOLA AVE<br>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 II   |  |         |                                   | 01/21/2022 |
|  | Electronic Signature of Registered Agent |         |                                   | Date       |
| Authorized Person(s) Detail :  |  |         |                                   |            |
| Title  | AUTHORIZED MEMBER                        | Title   | MANAGER                           |            |
| Name   | HINMAN, ROY H. M.D., P.A.                | Name    | HINMAN, ROY H II                  |            |
| Address  | 100 ARRICOLA AVE                         | Address | 100 ARRICOLA AVE                  |            |

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: HINMAN, ROY H, II

City-State-Zip: ST. AUGUSTINE FL 32080

MANAGER

City-State-Zip: ST AUGUSTINE FL 32080

01/21/2022

Electronic Signature of Signing Authorized Person(s) Detail

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000160835

Entity Name: RMA ISLAND DOCTORS DAYTONA MSO, LLC

## **Current Principal Place of Business:**

100 ARRICOLA AVE 

FILED Jan 21, 2022 Secretary of State 4304939352CC

Date