

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000160835

**Entity Name:** RMA ISLAND DOCTORS DAYTONA MSO, 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:** 80-0966753**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**HINMAN, ROY H. II  
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 II

03/09/2023

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

|                 |                           |
|-----------------|---------------------------|
| Title           | AUTHORIZED MEMBER         |
| Name            | HINMAN, ROY H. M.D., P.A. |
| Address         | 100 ARRICOLA AVE          |
| City-State-Zip: | ST. AUGUSTINE FL 32080    |

|                 |                       |
|-----------------|-----------------------|
| Title           | MANAGER               |
| Name            | HINMAN, ROY H II      |
| Address         | 100 ARRICOLA AVE      |
| City-State-Zip: | ST AUGUSTINE FL 32080 |

*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

MANAGER

03/09/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date