

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000160835

**Entity Name:** RMA ISLAND DOCTORS DAYTONA MSO, LLC

**Current Principal Place of Business:**

4960 S.W. 72ND AVENUE SUITE #406  
MIAMI, FL 33155

**Current Mailing Address:**

4960 S.W. 72ND AVENUE SUITE #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, ASST SECRETARY TO NRAI

04/22/2015

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MEMBER MANAGED  
Name MCCI GROUP HOLDINGS, LLC  
Address 4960 S.W. 72ND AVENUE SUITE #406  
City-State-Zip: MIAMI FL 33155

Title MEMBER MANAGED  
Name HINMAN, ROY H. M.D., P.A.  
Address 4960 S.W. 72ND AVENUE SUITE #406  
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**

04/22/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date