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

Electronic Signature of Signing Authorized Person(s) Detail

Entity Name: RMA ISLAND DOCTORS DAYTONA MSO, LLC **Current Principal Place of Business:**

4960 SW 72ND AVENUE SUITE 406 MIAMI, FL 33155

Current Mailing Address:

4960 SW 72ND AVENUE SUITE 406 MIAMI, FL 33155 US

FEI Number: NOT APPLICABLE

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			03/14/2017
	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 AVENUE SUITE 406	Address	4960 SW 72ND AVENUE SUITE 406	
City-State-Zip:	MIAMI FL 33155	City-State-Zip:	MIAMI FL 33155	

Certificate of Status Desired: No

Date

AUTHORIZED PERSON

03/14/2017

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2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

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