

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L22000244971

Entity Name: CIA HOLDINGS, LLC

Current Principal Place of Business:

1673 MASON AVE, STE 305
DAYTONA BEACH, FL 32117

Current Mailing Address:

1673 MASON AVE, STE 305
DAYTONA BEACH, FL 32117 US

FEI Number: 61-2037019

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ADAMS, LISA
1673 MASON AVE, STE 305
DAYTONA BEACH, FL 32117 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: LISA ADAMS

01/28/2025

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name ROY J. SIRAGUSA, M.D.
Address 1673 MASON AVE, STE 305
City-State-Zip: DAYTONA BEACH FL 32117

Title MGR
Name TIMOTHY R. JONES, M.D.
Address 1673 MASON AVE, STE 305
City-State-Zip: DAYTONA BEACH FL 32117

Title MGR
Name MICHAEL R. SCHIERING, M.D.
Address 1673 MASON AVE, STE 305
City-State-Zip: DAYTONA BEACH FL 32117

Title MGR
Name CALEB RIVERA, M.D.
Address 1673 MASON AVE, STE 305
City-State-Zip: DAYTONA BEACH FL 32117

Title MGR
Name ROLANDO PRIETO, M.D.
Address 1673 MASON AVE, STE 305
City-State-Zip: DAYTONA BEACH FL 32117

Title MGR
Name RYAN TOMPKINS, M.D.
Address 1673 MASON AVE, STE 305
City-State-Zip: DAYTONA BEACH FL 32117

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: LISA ADAMS

CEO

01/28/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date