

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000203108

**Entity Name:** BLACK KNIGHT MEDICAL, LLC

**Current Principal Place of Business:**

200 S. BISCAYNE BLVD.  
MIAMI, FL 33131

**Current Mailing Address:**

6304 SPUNKYHEART PLACE  
CLINTON, MD 20735 US

**FEI Number: 82-3091475**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

URS AGENTS, LLC  
3458 LAKESHORE DRIVE  
TALLAHASSEE, FL 32312 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Authorized Person(s) Detail :**

Title MGR  
Name THOMAS, RON  
Address 6304 SPUNKYHEART PLACE  
City-State-Zip: CLINTON MD 20735

*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: RON THOMAS**

**MANAGER**

**01/11/2019**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date