

2018 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

MGR

05/15/2018

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date