

**2021 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L17000203108

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

**Current Principal Place of Business:**

200 S. BISCAYNE BLVD.  
MIAMI, FL 33131

**Current Mailing Address:**

50 HURT PLAZA, STE. 803  
ATLANTA, GA 30303 US

**FEI Number: 82-3091475**

**Certificate of Status Desired: No**

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

LAW OFFICES OF LEVI WILLIAMS, P.A.  
12 SE 7TH STREET, STE. 710  
FORT LAUDERDALE, FL 33301 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: CHAD MARCUS**

**03/30/2021**

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name THOMAS, RON  
Address 50 HURT PLAZA, STE. 803  
City-State-Zip: ATLANTA GA 30303

*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**

**03/30/2021**

Electronic Signature of Signing Authorized Person(s) Detail

Date