

# **2014 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L13000159568

**FILED**  
**Oct 16, 2014**  
**Secretary of State**

**Entity Name:** RANDOLPH A. KNIGHT, MD, LLC

**Current Principal Place of Business:**

38022 MEDICAL CENTER AVENUE  
ZEPHYRHILLS, FL 33540

**New Principal Place of Business:**

**Current Mailing Address:**

38022 MEDICAL CENTER AVENUE  
ZEPHYRHILLS, FL 33540

**New Mailing Address:**

**FEI Number:** 46-4100304

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

KNIGHT, RANDOLPH A  
38022 MEDICAL CENTER AVENUE  
ZEPHYRHILLS, FL 33540 US

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

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: RANDOLPH A KNIGHT

Electronic Signature of Registered Agent

Date

**AUTHORIZED PERSONS:**

**Title:** MGR

**Name:** KNIGHT, RANDOLPH A

**Address:** 38022 MEDICAL CENTER AVENUE

**City-St-Zip:** ZEPHYRHILLS, FL 33540

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am authorized to execute this report as required by Chapter 605, Florida Statutes.

SIGNATURE: RANDOLPH A KNIGHT

MGR

10/16/2014

Electronic Signature of Authorized Person

Date