

**2016 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L14000099020

**Entity Name:** MEDCAP OF FLORIDA, LLC

**Current Principal Place of Business:**

208 S. MACDILL AVE  
TAMPA, FL 33609

**Current Mailing Address:**

208 S. MACDILL AVE  
TAMPA, FL 33609

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

KEPES, KATHRYN L  
4503 COUNTRYSGATE CT  
VALCRICO, FL 33596 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:** KATHRYN L KEPES

11/03/2016

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name KEPES, KATHRYN L  
Address 208 S. MACDILL AVE  
City-State-Zip: TAMPA FL 33609

*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:** KATHRYN L KEPES

MGR

11/03/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date