

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000115758

**Entity Name:** RANDOLPH MEDICAL CENTERS LLC

**Current Principal Place of Business:**

3501 BESSIE COLEMAN DRIVE  
23612  
TAMPA, FL 33623

**Current Mailing Address:**

3501 BESSIE COLEMAN DRIVE  
23612  
TAMPA, FL 33623 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

RANDOLPH, KIMBERLY  
8017 SAVANNAH SUNSET LANE  
TAMPA, FL 33615 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 RANDOLPH, KIMBERLY  
Address 8017 SAVANNAH SUNSET LANE  
City-State-Zip: TAMPA FL 33615

*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:** KIMBERLY RANDOLPH

MGR

05/01/2017

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

\_\_\_\_\_ Date