

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000527006

**Entity Name:** STEPHEN K. KLASKO, M.D., LLC

**Current Principal Place of Business:**

2900 NORTHEAST 7TH AVENUE  
UNIT 4802  
MIAMI, FL 33137

**Current Mailing Address:**

2900 NE 7TH AVENUE, UNIT 4802  
MIAMI, FL 33137 US

**FEI Number:** 87-4116944

**Certificate of Status Desired:** No

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 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 STEPHEN K. KLASKO, M.D.  
Address 2900 NE 7TH AVENUE, UNIT 4802  
City-State-Zip: MIAMI FL 33137

*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:** STEPHEN K. KLASKO, M.D.

MANAGER

02/02/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date