

**2023 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M22000006331

**Entity Name:** SUMMIT MEDICAL CONSULTANTS, PLLC, LLC

**Current Principal Place of Business:**

5023 W 120TH AVE #312  
BROOMFIELD, CO 80020

**Current Mailing Address:**

5023 W 120TH AVE #312  
BROOMFIELD, CO 80020

**FEI Number:** 47-2840925

**Certificate of Status Desired:** No

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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 AP  
Name KADARI, RAJENDRA  
Address 5023 W 120TH AVE #312  
City-State-Zip: BROOMFIELD CO 80020

Title AMBR  
Name GORUKANTI, BHARGAVI  
Address 5023 W 120TH AVE #312  
City-State-Zip: BROOMFIELD CO 80020

Title MBR  
Name BURNIER, JENNIFER  
Address 5023 W 120TH AVE #312  
City-State-Zip: BROOMFIELD CO 80020

*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:** RAJENDRA KADARI

MANAGER

02/10/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date