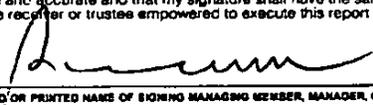
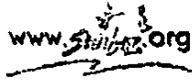


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

7. **FILED**  
**Jul 31, 2006 8:00 am**  
**Secretary of State**

07-10-2006 90102 017 \*\*\*\*50.00

<b>DOCUMENT # L04000021305</b>					
1. Entity Name POTHEN KORUTH M.D., LLC					
Principal Place of Business 758 N. SUN DRIVE, #104 LAKE MARY, FL 32746			Mailing Address 758 N. SUN DRIVE, #104 LAKE MARY, FL 32746		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <u>34-1983236</u> Applied For <input checked="" type="checkbox"/> Not Applicable <input type="checkbox"/>	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
KORUTH, POTHE C 758 N. SUN DRIVE, #104 LAKE MARY, FL 32746			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)</small>					
Filing Fee is \$50.00 Due by September 6, 2006			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KORUTH, POTHE C		NAME		
STREET ADDRESS	758 N. SUN DRIVE, #104		STREET ADDRESS		
CITY-ST-ZIP	LAKE MARY, FL 32746		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 608, Florida Statutes.					
SIGNATURE: 			Date: <u>7/6/06</u> Daytona Phone # <u>407-333-3303</u>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					



**ATTACHMENT**  
**30012345**  
**Division of Corporations**

**2006 Annual Report**

Listed below is the most recent information reported for the entity.  
Please review and click the appropriate button at the bottom to generate the  
annual report form.

This information cannot be changed on the report.	
Document Number	L04000021305
Business Entity Name	POTHEN KORUTH M.D., LLC
Original File Date	04/04/2004

FEI Number      Applied For  
Principal Address    758 N. SUN DRIVE, #104  
                                 LAKE MARY, FL 32746  
Mailing Address    758 N. SUN DRIVE, #104  
                                 LAKE MARY, FL 32746  
Registered Agent    POTHEN C KORUTH  
                                 758 N. SUN DRIVE, #104  
                                 LAKE MARY, FL 32746

**Managing Member/Manager Name And Address**

MGR  
POTHEN C KORUTH  
758 N. SUN DRIVE, #104  
LAKE MARY, FL 32746

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**ATTACHMENT**  
**30012345**  
**Annual Report Form Creation**

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**Note: Please make ALL checks payable to the Florida Department of State**

**NOTICE TO NOT FOR PROFIT CORPORATIONS SOLICITING CONTRIBUTIONS**

The Department of Agriculture and Consumer Services, Division of Consumer Services, is now responsible for administering the Solicitation of Contributions Act, chapter 496, Florida Statutes. The Solicitation of Contributions Act requires charitable organizations or sponsors intending to solicit contributions from the public in the State of Florida to annually register with the Division of Consumer Services. Failure to comply with this act is a third degree felony.

For more information, contact the Division of Consumer Services, Department of Agriculture and Consumer Services, P.O. Box 6700, Tallahassee, Florida 32314 or call (850) 488-2221 or (800) 435-7352 (within Florida only) or at [www.800helpfla.com](http://www.800helpfla.com).

Enter the entity document number below to create your pre-printed Annual Report form.

**Document Number**

Note: On 12 digit document numbers,  
only the first character is alphabetic.

The document number is located on the back  
of the postcard above the business entity name

Can't find your document number?  
**Search the Division's records online by name.**  
(Note: This will open a new browser window)

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