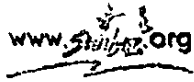


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

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

DOCUMENT # L04000021305 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			
Zip	Country	Zip	Country	4. FEI Number 34-1983236 Applied For <input checked="" type="checkbox"/> Not Applicable <input type="checkbox"/>	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				07062006 Chg-LLC CR2E083 (11/05)	
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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____					
Filing Fee is \$50.00 Due by September 8, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KORUTH, POTHE C 758 N. SUN DRIVE, #104 LAKE MARY, FL 32746 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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 7/6/06 Daytime Phone # 407-333-3303			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					



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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30012345
Annual Report Form Creation

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.

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

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(Note: This will open a new browser window)

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