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D. BRUCE  
APR 15 2010  
EXAMINER

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: J. LUCAS KOBERDA, MD, PHD, NEUROLOGY, PL  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

J. LUCAS KOBERDA, M.D., PHD.,  
Name of Person

J. LUCAS KOBERDA, M.D., PHD., NEUROLOGY, PL  
Firm/Company

P.O. BOX 13554  
Address

TALLAHASSEE, FL 32317  
City/State and Zip Code

jlkoberda@yahoo.com  
E-mail address: (to be used for future annual report notification)

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10 APR 14 PM 3:39  
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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

J. LUCAS KOBERDA at ( 850 ) 877 2802 OFFICE #  
Name of Person Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

CHANGE OF  
PRINCIPAL ADDRESS  
TO PROVIDE  
DOCUMENT IF  
TO FIND ON E-NET  
NO PUBLIC RECORD  
NO PASSWORDS

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

NO FEE

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY**

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: J. LUCAS KOBERDA, <sup>[M.D., PH.D.]</sup> NEUROLOGY, PL
2. (a) Principal office address of limited liability company: ☐ 1818 MICCOSUKEE COMMONS DR  
TALLAHASSEE,  
FL 32308  
(Note: **MUST BE STREET ADDRESS**)
- (b) Mailing address of limited liability company: ☐ P.O. BOX 13554  
TALLAHASSEE, FL 32317  
OR ADDRESS ABOVE  
(Note: **MAY BE POST OFFICE BOX**)
3. Date of filing/registration in Florida: 06/13/2006
4. Document number: L06000060083

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent:

J. LUCAS KOBERDA, M.D., PH.D.,

Registered Office Address:

2868 MAHAN DR., SUITE 5  
TALLAHASSEE,  
FL 32308

- (b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

**NEW** Registered Agent:

SAME AS ABOVE

**NEW** Registered Office Address:  
(**MUST BE FLORIDA STREET ADDRESS**)

1818 MICCOSUKEE COMMONS DR.  
TALLAHASSEE, FL 32308

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Signature of a member or authorized representative of a member

J. LUCAS KOBERDA, M.D., PH.D.,  
Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agent

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314  
FILING FEE: \$25.00

PLEASE CHANGE ALL TO NEW ADDRESS.

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APR 14 PM 3:38  
TALLAHASSEE, FLORIDA  
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