# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Jan 10, 2011**
**Secretary of State**

DOCUMENT# L06000060083

**Entity Name:** J. LUCAS KOBERDA, M.D., PHD., NEUROLOGY, PL

**Current Principal Place of Business:**

1818 MICCOSUKKE COMMONS DR
TALLAHASSEE, FL 32308

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 13554
TALLAHASSEE, FL 32317

**New Mailing Address:**

**FEI Number: 16-1551202** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

KOBERDA, J. LUCAS MD, PHD
1818 MICCOSUKKE COMMONS DR
TALLAHASSEE, FL 32308 US

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

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

**MANAGING MEMBERS/MANAGERS:**

Title: DR
Name: KOBERDA, J. LUCAS MD, PHD
Address: 1818 MICCOSUKEE COMMONS DR.
City-St-Zip: TALLAHASSEE, FL 32308

I hereby certify that the information indicated on this 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 608, Florida Statues.

SIGNATURE: J.LUCAS KOBERDA DR 01/10/2011

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date