

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000060083

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

Current Principal Place of Business:

4838 KERRY FOREST PARKWAY
TALLAHASSEE, FL 32309

Current Mailing Address:

P.O. BOX 13554
TALLAHASSEE, FL 32317

FEI Number: 16-1551202

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

KOBERDA, J. LUCAS MD, PHD
4838 KERRY FOREST PARKWAY
TALLAHASSEE, FL 32309 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 DR
Name KOBERDA, J. LUCAS MD, PHD
Address 4838 KERRY FORREST PARKWAY
City-State-Zip: TALLAHASSEE FL 32309

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: KOBERDA , J. LUCAS , MD, PHD

OWNER

02/16/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date