

**2021 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

**REGISTERED AGENT**

**01/29/2021**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date