**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**
**Feb 06, 2025**
**Secretary of State**
**4226039417CC**

DOCUMENT# L09000039857

**Entity Name:** CHRISTOPHER J. PASTORE, M.D., P.L.

**Current Principal Place of Business:**

4211 VAN DYKE ROAD
SUITE 205
LUTZ, FL 33558

**Current Mailing Address:**

4211 VAN DYKE ROAD
SUITE 205
LUTZ, FL 33558

**FEI Number: 26-4814002**

**Certificate of Status Desired:** No

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

PASTORE, CHRISTOPHER JOHN
4211 VAN DYKE ROAD
SUITE 205
LUTZ, FL 33558 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: CHRISTOPHER PASTORE 02/06/2025

Electronic Signature of Registered Agent — Date

**Authorized Person(s) Detail :**

| | |
|---|---|
| Title | MGRM |
| Name | PASTORE, CHRISTOPHER J |
| Address | 4211 VAN DYKE ROAD, SUITE 205 |
| City-State-Zip: | LUTZ FL 33558 |

*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: CHRISTOPHER PASTORE MANAGING PARTNER 02/06/2025

Electronic Signature of Signing Authorized Person(s) Detail — Date