

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000528626

**Entity Name:** PUJA KORABATHINA, MD, LLC

**Current Principal Place of Business:**

1940 ARROWHEAD DRIVE  
SAINT PETERSBURG, FL 33703

**Current Mailing Address:**

1940 ARROWHEAD DRIVE  
SAINT PETERSBURG, FL 33703

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

KORABATHINA, PUJA R  
1940 ARROWHEAD DRIVE  
SAINT PETERSBURG, FL 33703 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 MD  
Name KORABATHINA, PUJA R MD  
Address 1940 ARROWHEAD DRIVE  
City-State-Zip: SAINT PETERSBURG FL 33703

*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:** KORABATHINA, PUJA R, MD

MD

05/01/2023

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

\_\_\_\_\_ Date