

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000013758

Entity Name: LIVE OAK ENDOSCOPY CENTER, LLC**Current Principal Place of Business:**275 18TH STREET
SUITE 101
VERO BEACH, FL 32960-5541**Current Mailing Address:**12350 NW 39TH STREET
SUITE 200
CORAL SPRINGS, FL 33065 US**FEI Number:** 01-0709517**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ATHENA MEDICAL MANAGEMENT GROUP, LLC
12350 NW 39TH STREET
SUITE 200
CORAL SPRINGS, FL 33065 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:** JACOB GITMAN

01/25/2023

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title AUTHORIZED MEMBER
Name SOUTH FLORIDA MEDICAL ASSOCIATES LLC
Address 12350 NW 39TH STREET SUITE 200
City-State-Zip: CORAL SPRINGS FL 33065

Title AUTHORIZED MEMBER
Name ALLEN, LICHT
Address 12350 NW 39TH STREET SUITE 200
City-State-Zip: CORAL SPRINGS FL 33065

Title AUTHORIZED MEMBER
Name JOSEPH, PRAMOD MD
Address 12350 NW 39TH STREET SUITE 200
City-State-Zip: CORAL SPRINGS FL 33065

Title MANAGER
Name ATHENA MEDICAL MANAGEMENT GROUP, LLC
Address 12350 NW 39TH STREET SUITE 200
City-State-Zip: CORAL SPRINGS FL 33065

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: TEVAN BUCK**ADMINISTRATOR**

01/25/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date