

**2022 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L11000029605

**Entity Name:** TREASURE COAST PATHOLOGY LAB, LLC

**Current Principal Place of Business:**

275 18TH STREET, SUITE 101  
VERO BEACH, FL 32960

**Current Mailing Address:**

12350 NW 39TH STREET  
SUITE 200  
CORAL SPRINGS, FL 33065 US

**FEI Number:** 45-1486987

**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

06/26/2022

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title: MANAGER  
Name: ATHENA MEDICAL MANAGEMENT GROUP, LLC  
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: 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

*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:** ALLEN LICHT

AUTHORIZED MEMBER

06/26/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date