

2023 FLORIDA LIMITED LIABILITY COMPANY 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

01/25/2023

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: TEVAN BUCK**ADMINISTRATOR**

01/25/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date