

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000389054

**Entity Name:** ATHENA MEDICAL MANAGEMENT GROUP, LLC

**Current Principal Place of Business:**

12350 NW 39TH STREET  
SUITE 200  
CORAL SPRINGS, FL 33071

**Current Mailing Address:**

12350 NW 39TH STREET  
SUITE 200  
CORAL SPRINGS, FL 33071 US

**FEI Number:** 85-4259166

**Certificate of Status Desired:** No

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

SOUTH FLORIDA MEDICAL ASSOCIATES LLC  
12350 NW 39TH STREET  
SUITE 200  
CORAL SPRINGS, FL 33071 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:** ALLEN LICHT

04/30/2023

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	AUTHORIZED MEMBER	Title	AUTHORIZED MEMBER
Name	SOUTH FLORIDA MEDICAL ASSOCIATES LLC	Name	ALLEN, LICHT
Address	30 N GOULD STREET SUITE R	Address	12350 NW 39TH STREET SUITE 200
City-State-Zip:	SHERIDAN WY 82801	City-State-Zip:	CORAL SPRINGS FL 33071

*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

MGR

04/30/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date