

2022 FLORIDA LIMITED LIABILITY COMPANY AMENDED 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

05/23/2022

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: LICHT ALLEN

MBR

05/23/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date