

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000400972

**Entity Name:** INDIAN RIVER MEDICAL ASSOCIATES, LLC

**Current Principal Place of Business:**

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

**Current Mailing Address:**

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

**FEI Number:** APPLIED FOR

**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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

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

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

Title MGR  
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:** ALLEN LICHT

MGR

04/30/2023

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date