## 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

Authorized Person(s) Detail:

Address

Title MANAGER Title AUTHORIZED MEMBER

Name ATHENA MEDICAL MANAGEMENT Name JOSEPH, PRAMOD MD

GROUP, LLC

12350 NW 39TH STREET

Address 12350 NW 39TH STREET SUITE 200

SUITE 200 City-State-Zip: CORAL SPRINGS FL 33065

City-State-Zip: CORAL SPRINGS FL 33065

Title AUTHORIZED MEMBER

Title AUTHORIZED MEMBER

Name SOUTH FLORIDA MEDICAL Name ALLEN, LICHT

ASSOCIATES LLC Address 12350 NW 39TH STREET
SUITE 200

Address 12350 NW 39TH STREET SUITE 200

SUITE 200 City-State-Zip: CORAL SPRINGS FL 33065

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

Date

FILED Jan 25, 2023

**Secretary of State** 

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