

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000287145

**Entity Name:** NORTH SIDE SURGICAL CENTER LLC

**Current Principal Place of Business:**

1201 MONUMENT ROAD  
JACKSONVILLE, FL 32225

**Current Mailing Address:**

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

**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:** JACOB GITMAN

04/25/2022

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

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

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

Title AUTHORIZED MEMBER  
Name SINAI HOLDINGS, LLC  
Address 12350 NW 39TH STREET  
SUITE 200  
City-State-Zip: CORAL SPRINGS FL 33065

Title MANAGER  
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:** JACOB GITMAN

MEMBER

04/25/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date