

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L22000201486

Entity Name: ATHOS MEDICAL CONSULTANTS, PLLC

Current Principal Place of Business:

2500 NE 16TH AVE
WILTON MANORS, FL 33305

Current Mailing Address:

2500 NE 16TH AVE
WILTON MANORS, FL 33305 US

FEI Number: 88-2333500

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

UNITED STATES CORPORATION AGENTS, INC.
476 RIVERSIDE AVE.
JACKSONVILLE, FL 32202 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 SHARMA, PRERNA S DR.
Address 2500 NE 16TH AVE
City-State-Zip: WILTON MANORS FL 33305

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: PRERNA SHARMA

DR.

04/17/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date