

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000396995

**Entity Name:** ATLANTIS HEALTH CLINIC LLC

**Current Principal Place of Business:**

9380 SW 72ND ST  
SUITE B238  
MIAMI, FL 33173

**Current Mailing Address:**

9380 SW 72ND ST  
SUITE B238  
MIAMI, FL 33173 US

**FEI Number:** 92-0324081

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

TORRES ABREU, MARELYS  
9380 SW 72ND ST  
SUITE B238  
MIAMI, FL 33173 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	MANAGER	Title	OPERATION MANAGER
Name	TORRES ABREU, MARELYS	Name	LINCHETA ENRIQUEZ, LARITZA
Address	9380 SW 72ND ST SUITE B238	Address	9380 SW 72ND ST SUITE B238
City-State-Zip:	MIAMI FL 33173	City-State-Zip:	MIAMI FL 33173

*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:** MARELYS TORRES ABREU

**MANAGER**

**02/05/2025**

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

\_\_\_\_\_  
Date