

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000352691

**Entity Name:** AGATHOS HEALTH LLC

**Current Principal Place of Business:**

8432 NATIONAL DR  
PORT RICHEY, FL 34668

**Current Mailing Address:**

8432 NATIONAL DR  
PORT RICHEY, FL 34668 US

**FEI Number:** 87-1727829

**Certificate of Status Desired:** No

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

LEGALCORP SOLUTIONS, LLC  
3440 W HOLLYWOOD BLVD. SUITE 415  
HOLLYWOOD, FL 33021 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 EDWARDS, CHRISTINE A  
Address 8432 NATIONAL DR  
City-State-Zip: PORT RICHEY FL 34668

Title AMBR  
Name EDWARDS, CHRISTOPHER M  
Address 7315 CYPRESS DR  
City-State-Zip: NEW PORT RICHEY FL 34653

*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:** CHRISTINE A EDWARDS

**MEMBER**

**07/24/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date