

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000013758

Entity Name: LIVE OAK ENDOSCOPY CENTER, LLC

Current Principal Place of Business:

275 18TH STREET
SUITE 101
VERO BEACH, FL 32960-5541

Current Mailing Address:

275 18 STREET SUITE 101
101
VERO BEACH, FL 32960 US

FEI Number: 01-0709517

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

JOSEPH, PRAMOD
275 18TH STREET
SUITE 101
VERO BEACH, FL 32960-5541 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: PRAMOD JOSEPH

04/30/2024

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title AUTHORIZED MEMBER
Name SOUTH FLORIDA MEDICAL ASSOCIATES LLC
Address 12350 NW 39TH STREET SUITE 200
City-State-Zip: CORAL SPRINGS FL 33065

Title AUTHORIZED MEMBER
Name JOSEPH, PRAMOD MD
Address 12350 NW 39TH STREET SUITE 200
City-State-Zip: CORAL SPRINGS FL 33065

Title AUTHORIZED MEMBER
Name ALLEN, LICHT
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: PRAMOD JOSEPH

MGR

04/30/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date