

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000184121

**Entity Name:** ROGER ROQUE MD LLC

**Current Principal Place of Business:**

620 S LAKE ST.  
SUITE 2  
LEESBURG, FL 34748

**Current Mailing Address:**

P.O. BOX 491500  
LEESBURG, FL 34748 US

**FEI Number:** 88-1809414

**Certificate of Status Desired:** No

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

WAGNER, DAVID P  
700 WEST MAIN ST  
LEESBURG, FL 34748 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 MGR  
Name SALVADOR-BACKER, YESENIA  
Address 109 N 7TH ST  
City-State-Zip: LEESBURG FL 34748

Title AMBR  
Name PATHWAYS HEALTHCARE GROUP,  
LLC  
Address 700 WEST MAIN ST  
City-State-Zip: LEESBURG FL 34748

*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:** YESENIA SALVADOR-BACKER

MGR

03/20/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date