

**2025 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

04/30/2025

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, MD

OWNER

04/30/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date