

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000230310

**Entity Name:** M&R ENDOSCOPY LLC**Current Principal Place of Business:**2400 MICCOUSKEE ROAD  
TALLAHASSEE, FL 32308**Current Mailing Address:**2400 MICCOUSKEE ROAD  
TALLAHASSEE, FL 32308 US**FEI Number:** 88-2674385**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**RODRIGUEZ, ANDRES F  
2400 MICCOUSKEE ROAD  
TALLAHASSEE, FL 32308 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 MANAGING PARTNER  
Name RODRIGUEZ, ANDRES  
Address 2400 MICCOSUKEE ROAD  
City-State-Zip: TALLAHASSEE FL 32308

Title AUTHORIZED MEMBER  
Name MANGAN, MICHAEL  
Address 2400 MICCOSUKEE RD  
City-State-Zip: TALLAHASSEE FL 32308

Title AUTHORIZED MEMBER  
Name SINGH, HARDEEP  
Address 2400 MICCOSUKEE RD  
City-State-Zip: TALLAHASSEE FL 32308

Title AUTHORIZED MEMBER  
Name SOMERSET, JOSHUA  
Address 2400 MICCOSUKEE RD  
City-State-Zip: TALLAHASSEE FL 32308

Title AUTHORIZED MEMBER  
Name COTTRELL, C. RAYMOND  
Address 2400 MICCOSUKEE RD  
City-State-Zip: TALLAHASSEE FL 32308

Title AUTHORIZED MEMBER  
Name KONDA, AMULYA  
Address 2400 MICCOSUKEE RD  
City-State-Zip: TALLAHASSEE FL 32308

Title AUTHORIZED MEMBER  
Name GAO, HONG  
Address 2400 MICCOSUKEE RD  
City-State-Zip: TALLAHASSEE FL 32308

*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:** ANDRES RODRIGUEZ

MANAGING PARTNER

04/24/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date