

2025 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 SOMERSET, JOSHUA
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

Title AUTHORIZED MEMBER
Name MOTA, MANOELA
Address 2400 MICCOSUKEE ROAD
City-State-Zip: TALLAHASSEE FL 32308

Title AUTHORIZED MEMBER
Name VENNALAGANTI, PRASHANTH
Address 2400 MICCOSUKEE ROAD
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 F RODRIGUEZ**MANAGING PARTNER****04/28/2025**

Electronic Signature of Signing Authorized Person(s) Detail

Date