

**2024 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M08000002105

**Entity Name:** OPKO INSTRUMENTATION, LLC

**Current Principal Place of Business:**

4400 BISCAYNE BLVD.  
MIAMI, FL 33137

**Current Mailing Address:**

4400 BISCAYNE BLVD.  
MIAMI, FL 33137 US

**FEI Number:** 39-2057245

**Certificate of Status Desired:** No

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 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:** ANGEL NUNEZ

04/25/2024

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	MEMBER	Title	AUTHORIZED REPRESENTATIVE
Name	OPKO HEALTH, INC.	Name	LOGAL, ADAM
Address	4400 BISCAYNE BLVD. SUITE 1200-N	Address	481 EDWARD H ROSS DR.
City-State-Zip:	MIAMI FL 33137	City-State-Zip:	ELMWOOD PARK NJ 07407

*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:** ADAM LOGAN

**AUTHORIZED PERSON**

04/25/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date