

**2022 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M21000015615

**Entity Name:** U.S. ENDO PARTNERS OPCO, LLC**Current Principal Place of Business:**720 COOL SPRINGS BLVD.  
SUITE 150  
FRANKLIN, TN 37067**Current Mailing Address:**720 COOL SPRINGS BLVD.  
SUITE 150  
FRANKLIN, TN 37067 US**FEI Number:** 83-2414370**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**COGENCY GLOBAL INC.  
115 N. CALHOUN ST., STE. 4  
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:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Authorized Person(s) Detail :**

|                 |                                         |
|-----------------|-----------------------------------------|
| Title           | MBR                                     |
| Name            | U.S. ENDODONTICS PARTNERS HOLDINGS, LLC |
| Address         | 720 COOL SPRINGS BLVD.<br>SUITE 150     |
| City-State-Zip: | FRANKLIN TN 37067                       |

|                 |                                     |
|-----------------|-------------------------------------|
| Title           | CEO                                 |
| Name            | HUDSMITH, SCOTTE                    |
| Address         | 720 COOL SPRINGS BLVD.<br>SUITE 150 |
| City-State-Zip: | FRANKLIN TN 37067                   |

|                 |                                     |
|-----------------|-------------------------------------|
| Title           | CFO                                 |
| Name            | SKELTON, M. DAVID                   |
| Address         | 720 COOL SPRINGS BLVD.<br>SUITE 150 |
| City-State-Zip: | FRANKLIN TN 37067                   |

*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:** M. DAVID SKELTON

CFO

03/22/2022

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail\_\_\_\_\_  
Date