

2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13000008188

Entity Name: STUDENTSCARE, INC.

Current Principal Place of Business:

C/O 10840 SW 113 PLACE
MIAMI, FL 33176

Current Mailing Address:

5 CREEK VIEW TERRACE
LAFAYETTE HILL, PA 19444 US

FEI Number: 46-3644602

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SOKOL & SOKOL, CPA, P.A.
10840 SW 113 PLACE
MIAMI, FL 33176 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

Officer/Director Detail :

Title PRESIDENT
Name CARROLL, ERICA
Address 5 CREEK VIEW TERRACE
City-State-Zip: LAFAYETTE HILL PA 19444

Title DIRECTOR
Name SOKOL, LAUREN
Address C/O 10840 SW 113 PLACE
City-State-Zip: MIAMI FL 33176

Title DIRECTOR
Name DOSHI, VIREN
Address C/O 10840 SW 113 PLACE
City-State-Zip: MIAMI FL 33176

Title DIRECTOR
Name ALTROGGE , JEANNINE
Address C/O 10840 SW 113 PLACE
City-State-Zip: MIAMI FL 33176

Title OFFICER
Name ODUNZE, DEBORAH
Address C/O 10840 SW 113 PLACE
City-State-Zip: MIAMI FL 33176

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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ERICA CARROLL

FOUNDER & CEO

02/11/2025

Electronic Signature of Signing Officer/Director Detail

Date