

2025 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P19000088417

Entity Name: ROCENT DENTAL CARE, INC.

Current Principal Place of Business:

1 S.W. 129TH AVENUE
406
PEMBROKE PINES, FL 33027

Current Mailing Address:

1 S.W. 129TH AVENUE
406
PEMBROKE PINES, FL 33027 US

FEI Number: 84-3811137

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

RODRIGUEZ, ROXANA
4544 SW 195TH WAY
MIRAMAR, FL 33029 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	P	Title	TR/S
Name	RODRIGUEZ, ROXANA	Name	RODRIGUEZ, ROXANA
Address	4544 SW 195TH WAY	Address	4544 SW 195TH WAY
City-State-Zip:	MIRAMAR FL 33029	City-State-Zip:	MIRAMAR FL 33029

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: RODRIGUEZ, ROXANA

P

04/25/2025

Electronic Signature of Signing Officer/Director Detail

Date