

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L22000134661

Entity Name: DR K PRIMARY CARE, LLC

Current Principal Place of Business:

3801 WOODBRIAR TRAIL
PORT ORANGE, FL 32129

Current Mailing Address:

P O BOX 612
NEW SMYRNA BEACH, FL 32170

FEI Number: 88-1279860

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

KARAKOSSIAN, SAMIRA
3801 WOODBRIAR TRAIL
PORT ORANGE, FL 32129 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: SAMIRA KARAKOSSIAN

01/25/2025

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name KARAKOSSIAN, SAMIRA
Address 3800 WOODBRIAR TRAIL
City-State-Zip: PORT ORANGE FL 32129

Title MGR
Name KARAKOSSIAN, ROMAN
Address 3801 WOODBRIAR TRAIL
City-State-Zip: PORT ORANGE FL 32129

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: SAMIRA KARAKOSSIAN

MGR

01/25/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date