

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L24000305924

**Entity Name:** VIDA INTEGRATIVE HEALTHCARE LLC

**Current Principal Place of Business:**

3015 WEST AZEELE ST.  
SUITE 9  
TAMPA, FL 33609

**Current Mailing Address:**

3015 WEST AZEELE ST.  
SUITE 9  
TAMPA, FL 33609 US

**FEI Number:** 99-3883196

**Certificate of Status Desired:** No

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

CARUSO, RACHELL  
3015 WEST AZEELE ST.  
SUITE 9  
TAMPA, FL 33609 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 AP  
Name CARUSO, RACHELL  
Address 3015 WEST AZEELE ST. SUITE 9  
City-State-Zip: TAMPA FL 33609

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:** RACHELL CARUSO

**REGISTERED AGENT**

**02/12/2025**

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

\_\_\_\_\_  
Date