

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L24000343071

Entity Name: V-KARE DENTISTRY LLC

Current Principal Place of Business:

703 MAGNOLIA DRIVE
ALTAMONTE SPRINGS, FL 32701

Current Mailing Address:

1124 CYPRESS LOFT PL
LAKE MARY, FL 32746 US

FEI Number: 99-4987142

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

TRIPATHI, SHREY
1124 CYPRESS LOFT PL
LAKE MARY, FL 32746 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 MGR
Name BHAKTA, VIKITA
Address 1124 CYPRESS LOFT PL
City-State-Zip: LAKE MARY FL 32746

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: VIKITA BHAKTA

MGR

03/26/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date