

2024 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M23000011386

Entity Name: SOMNIO HEALTH SOLUTIONS, LLC

Current Principal Place of Business:

20801 BISCAYNE BLVD SUITE 403
AVENTURA, FL 33180

Current Mailing Address:

20801 BISCAYNE BLVD SUITE 403
AVENTURA, FL 33180 US

FEI Number: 93-3048870

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

REGISTERED AGENTS INC.
7901 4TH STREET N, STE 300
ST. PETERSBURG, FL 33702 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 MBR
Name RADIANT HEALT SOLUTIONS, LLC
Address 20801 BISCAYNE BLVD SUITE 403
City-State-Zip: AVENTURA FL 33180

Title MBR
Name WOUND PROS ENTERPRISES
Address 4640 ADMIRALTY WAY SUITE 500
City-State-Zip: MARINA DEL REY CA 90292

Title MGR
Name NAKAGAWA, GREGORY D
Address 20801 BISCAYNE BLVD SUITE 403
City-State-Zip: AVENTURA FL 33180

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: GREGORY NAKAGAWA

MBR

04/21/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date