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: NATALIE MARTINEZ

Electronic Signature of Signing Officer/Director Detail

2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000087839

Entity Name: LITTLE STAR THERAPY SERVICES, INC

Current Principal Place of Business:

15485 EAGLE NEST LN SUITE 220 MIAMI LAKES, FL 33014

Current Mailing Address:

6840 SW 14TH ST MIAMI, FL 33144-5531 US

FEI Number: 27-1180289

Name and Address of Current Registered Agent:

MARTINEZ, NATALIE KATRINA 6840 SW 14TH ST MIAMI, FL 33144-5531 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: NATALIE MARTINEZ

Electronic Signature of Registered Agent

Officer/Director Detail :

Title Þ Name MARTINEZ. NATALIE KATRINA Address 6840 SW 14TH ST City-State-Zip: MIAMI FL 33144-5531

Certificate of Status Desired: No

02/23/2024 Date

4406296169CC

FILED Feb 23, 2024

Secretary of State

PRESIDENT

Date