

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P21000090313

**Entity Name:** BLUE MIND HEALTH CORP

**Current Principal Place of Business:**

20443 NW 47TH AVE  
MIAMI GARDENS, FL 33055

**Current Mailing Address:**

20443 NW 47TH AVE  
MIAMI GARDENS, FL 33055

**FEI Number: 87-3155518**

**Certificate of Status Desired: No**

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

LLANES ACOSTA, YONAIRIS  
20443 NW 47TH AVE  
MIAMI GARDENS, FL 33055 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

**Officer/Director Detail :**

Title P  
Name LLANES ACOSTA, YONAIRIS  
Address 20443 NW 47TH AVE  
City-State-Zip: MIAMI GARDENS FL 33055

*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: YONAIRIS LLANES ACOSTA**

**PRESIDENT**

**04/24/2023**

\_\_\_\_\_ Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_ Date