

2022 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

03/10/2022

Electronic Signature of Signing Officer/Director Detail

Date