2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 06, 2025
Secretary of State
1911154045CC

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Entity Name: MYNDFULL CARE SOLUTIONS, LLC

Current Principal Place of Business:

1804 MADERA CANYON PLACE
LAS VEGAS, NV 89128

Current Mailing Address:

1804 MADERA CANYON PLACE
LAS VEGAS, NV 89128 US

FEI Number: 92-2143715

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

COGENCY GLOBAL INC.
115 NORTH CALHOUN STREET, SUITE 4
TALLAHASSEE, FL 32301 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	AMBR
Name	MYNDFULL CARE HOLDINGS, LLC
Address	1309 COFFEEN AVENUE, STE. 1200
City-State-Zip:	SHERIDAN WY 82801

Title	AMBR
Name	POST ACUTE CARE SOLUTIONS LLC
Address	14954 VALLE DEL SUR CT
City-State-Zip:	SAN DIEGO CA 92127

Title	AMBR
Name	MYNDFLO, LLC
Address	1309 COFFEEN AVENUE, STE. 1200
City-State-Zip:	SHERIDAN WY 82801

Title	AMBR
Name	BLACKSTONE 80, LLC
Address	1309 COFFEEN AVENUE, STE. 1200
City-State-Zip:	SHERIDAN WY 82801

Title	AMBR
Name	SALEEM RAJPER MEDICAL CORPORATION
Address	8110 SANTALUZ VILLAGE GRN N
City-State-Zip:	SAN DIEGO CA 92127

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: COREY FLAA MANAGER 02/06/2025

Electronic Signature of Signing Authorized Person(s) Detail — Date