

**2026 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000109576

**Entity Name:** PRISTINE MEDICAL SOLUTION LLC

**Current Principal Place of Business:**

7901 4TH ST N  
STE 300  
ST. PETERSBURG, FL 33702

**Current Mailing Address:**

7901 4TH ST N  
STE 300  
ST. PETERSBURG, FL 33702 US

**FEI Number:** 92-2633388

**Certificate of Status Desired:** No

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

REGISTERED AGENTS INC.  
7901 4TH ST 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:** DAVID ROBERTS

05/01/2026

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name ESTIMA, MOLINDA  
Address 931 N STATE ROAD 434 STE 1201  
#117  
City-State-Zip: ALTAMONTE SPRINGS FL 32714

*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:** MOLINDA ESTIMA

MS

05/01/2026

Electronic Signature of Signing Authorized Person(s) Detail

Date