2025 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2025
Secretary of State
5272641352CC

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Entity Name: SND HEALTHCARE, LLC

Current Principal Place of Business:

401 E LAS OLAS BLVD, STE. 130376
FORT LAUDERDALE, FL 33301

Current Mailing Address:

401 E LAS OLAS BLVD, STE. 130376
FORT LAUDERDALE, FL 33301

FEI Number: APPLIED FOR

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

JONES, CHERESE N
401 E LAS OLAS BLVD, STE. 130376
FORT LAUDERDALE, FL 33301 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	MGRM
Name	JONES, CHERESE N
Address	401 E LAS OLAS BLVD, STE. 130376
City-State-Zip:	FORT LAUDERDALE FL 33301

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: CHERESE N. JONES MGRM 04/30/2025

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