INFORMATION CHANGE

Corporation Division
sos.oregon.gov/business

E-FILED
Jun 15, 2026
OREGON SECRETARY OF STATE

REGISTRY NUMBER

257841990

REGISTRATION DATE

05/27/2026

BUSINESS NAME

BLOOMWELL CARE LLC

BUSINESS ACTIVITY

OUTPATIENT MENTAL HEALTH THERAPY AND INTEGRATIVE HEALTH SERVICES INCLUDING PHYSICAL AND PSYCHOLOGICAL WELLNESS.

TYPE

DOMESTIC LIMITED LIABILITY COMPANY

JURISDICTION

OREGON

MAILING ADDRESS

1292 HIGH ST # 1224
EUGENE OR 97401 USA

PRIMARY PLACE OF BUSINESS

1292 HIGH STREET # 1224
EUGENE OR 97401 USA

REGISTERED AGENT

PAULA BLOOM
1640 RUSSET DR
EUGENE OR 97401 USA
If the Registered Agent has changed, the new agent has consented to the appointment.

INDIVIDUAL WITH DIRECT KNOWLEDGE

PAULA BLOOM
1640 RUSSET DR
EUGENE OR 97401 USA

MEMBER

PAULA BLOOM
1292 HIGH STREET # 1224
EUGENE OR 97401 USA

I declare, under penalty of perjury, that this document does not fraudulently conceal, fraudulently obscure, fraudulently alter or otherwise misrepresent the identity of the person or any officers, managers, members or agents of the limited liability company on behalf of which the person signs. This filing has been examined by me and is, to the best of my knowledge and belief, true, correct, and complete. Making false statements in this document is against the law and may be penalized by fines, imprisonment, or both.

By typing my name in the electronic signature field, I am agreeing to conduct business electronically with the State of Oregon. I understand that transactions and/or signatures in records may not be denied legal effect solely because they are conducted, executed, or prepared in electronic form and that if a law requires a record or signature to be in writing, an electronic record or signature satisfies that requirement.

ELECTRONIC SIGNATURE

NAME

PAULA BLOOM

TITLE

MEMBER

DATE

06-13-2026