

2023 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P21000019120

Entity Name: MENTAL HEALTH SPECIALTY GROUP, P.A.

Current Principal Place of Business:

500 WESTOVER DRIVE
#13619
SANFORD, NC 27330

Current Mailing Address:

500 WESTOVER DRIVE
#13619
SANFORD, NC 27330 US

FEI Number: 86-2493019

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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 DIRECTOR, PRESIDENT,
SECRETARY, TREASURER
Name FACTOR, AVI MD
Address 500 WESTOVER DRIVE
#13619
City-State-Zip: SANFORD NC 27330

Title AUTHORIZED AGENT
Name BRUNO, JOSH
Address 500 WESTOVER DRIVE
#13619
City-State-Zip: SANFORD NC 27330

Title AUTHORIZED AGENT
Name DIOP, GABE
Address 500 WESTOVER DRIVE
#13619
City-State-Zip: SANFORD NC 27330

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: JOSH BRUNO

AUTHORIZED AGENT

07/25/2023

Electronic Signature of Signing Officer/Director Detail

Date