

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P21000019120

**Entity Name:** MENTAL HEALTH SPECIALITY 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:** No

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 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

*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:** AVI FACTOR

**PRESIDENT**

**02/07/2024**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date