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.

PRESIDENT

SIGNATURE: PABLO PUENTE FUMERO

Electronic Signature of Signing Officer/Director Detail

MIAMI, FL 33135

Current Mailing Address:

330 SW 27TH AVE SUITE 609

330 SW 27TH AVE, STE 609 MIAMI, FL 33135 US

FEI Number: 47-1330403

Name and Address of Current Registered Agent:

PUENTE FUMERO, PABLO O 1228 MILAN AVE CORAL GABLES, FL 33134 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

Officer/Director Detail :

Unicendirector Detail :			
Title	Ρ	Title	VP
Name	PUENTE FUMERO, PABLO O	Name	MANSO GARATEIX, ALEXANDER
Address	1228 MILAN AVE	Address	1228 MILAN AVE
City-State-Zip:	CORAL GABLES FL 33134	City-State-Zip:	CORAL GABLES FL 33134
Title	S		
Name	BAEZ ARTELLES, YANEISY		
Address	12076 SW 251 ST		
	HOMESTEAD FL 33032		
.,			

Certificate of Status Desired: Yes

2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P14000059201

Entity Name: ODELEY MENTAL HEALTH INC

Current Principal Place of Business:

FILED Mar 05, 2017 Secretary of State CC9668812074

03/05/2017

Date

Date