

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P16000007554

**Entity Name:** MENTAL HEALTH SERVICES CORP

**Current Principal Place of Business:**

1121 FAIRLAKE TRACE  
2409  
WESTON, FL 33326

**Current Mailing Address:**

1121 FAIRLAKE TRACE  
2409  
WESTON, FL 33326 US

**FEI Number:** 81-1258212

**Certificate of Status Desired:** No

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

PREMIUM TAX SERVICES  
6303 BLUE LAGOON DR  
320  
MIAMI, FL 33126 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 PD  
Name SANTOS, DORA M  
Address 1121 FAIRLAKE TRACE  
2409  
City-State-Zip: WESTON FL 33326

Title VP  
Name PENA, RAYMOND  
Address 1121 FAIRLAKE TRACE  
2409  
City-State-Zip: WESTON FL 33326

*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:** SANTOS , DORA M

PD

03/06/2018

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

\_\_\_\_\_  
Date