

**2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P16000033042

**Entity Name:** GIL MENTAL HEALTH SERVICES INC.

**Current Principal Place of Business:**

4530 SW 154 PLACE  
MIAMI, FL 33185

**Current Mailing Address:**

4530 SW 154 PLACE  
MIAMI, FL 33185

**FEI Number:** 30-0940113

**Certificate of Status Desired:** No

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

GIL, LISSETTE  
4530 SW 154 PLACE  
MIAMI, FL 33185 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 P  
Name GIL, LISSETTE  
Address 4530 SW 154 PLACE  
City-State-Zip: MIAMI FL 33185

Title VP  
Name GIL, MORRIS  
Address 4530 SW 154 PLACE  
City-State-Zip: MIAMI FL 33185

*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:** LISSETTE GIL

**PRESIDENT**

**03/19/2020**

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

\_\_\_\_\_  
Date