

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P17000058616

**Entity Name:** THE LINA CENTER FOR MENTAL WELLNESS, INC.

**Current Principal Place of Business:**

17063 SW 215 TERR  
MIAMI, FL 33187

**Current Mailing Address:**

17063 SW 215 TERR  
MIAMI, FL 33187 US

**FEI Number: 82-2114959**

**Certificate of Status Desired: No**

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

GARCIA, ALEJANDRO  
17063 SW 215 TERR  
MIAMI, FL 33187 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            PRESIDENT  
Name            OLIVA-GARCIA, ISBELL  
Address        17063 SW 215 TERR  
City-State-Zip: MIAMI FL 33187

Title            OFFICER  
Name            GARCIA, ALEJANDRO  
Address        17063 SW 215 TERR  
City-State-Zip: MIAMI FL 33187

Title            VP  
Name            VILLALBA, REBECCA  
Address        17063 SW 215 TERR  
City-State-Zip: MIAMI FL 33187

*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: ISBELL OLIVA-GARCIA**

**PRESIDENT**

**04/14/2023**

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

\_\_\_\_\_  
Date