

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P18000047321

**Entity Name:** ATTORNEY MENTAL HEALTH EDUCATION, INC.

**Current Principal Place of Business:**

12555 ORANGE DRIVE  
SUITE 4207  
DAVIE, FL 33330

**Current Mailing Address:**

12555 ORANGE DRIVE  
SUITE 4207  
DAVIE, FL 33330 US

**FEI Number:** 83-1140899

**Certificate of Status Desired:** No

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

DRUCKER, JONATHAN ESQ.  
2605 PONCE DE LEON BLVD  
CORAL GABLES, FL 33134-6002 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 ANKUS, JOSEPH E  
Address 12555 ORANGE DRIVE, SUITE 4207  
City-State-Zip: DAVIE FL 33330

Title VP  
Name ANKUS, JOSEPH E  
Address 12555 ORANGE DRIVE  
SUITE 4207  
City-State-Zip: DAVIE FL 33330

Title S  
Name ANKUS, JOSEPH E  
Address 12555 ORANGE DRIVE  
SUITE 4207  
City-State-Zip: DAVIE FL 33330

Title T  
Name ANKUS, JOSEPH E  
Address 12555 ORANGE DRIVE  
SUITE 4207  
City-State-Zip: DAVIE FL 33330

*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:** JOSEPH ANKUS

**PRESIDENT**

**01/24/2023**

Electronic Signature of Signing Officer/Director Detail

Date