

2023 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F13000001615

Entity Name: MHP SALUD, INC.

Current Principal Place of Business:

2142B WASHTENAW AVENUE
YPSILANTI, MI 48197

Current Mailing Address:

3135 1ST AVENUE N
SUITE 14469
ST. PETERSBURG, FL 33733 US

FEI Number: 38-3092194

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

REGISTERED AGENTS INC
7901 4TH ST N
STE 300
ST. PETERSBURG, FL 33702 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: BILL HAVRE

02/13/2023

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title SECRETARY, CEO
Name DANTE, MAGALY PHD, LMHC
Address 2142 B WASHTENAW AVE
City-State-Zip: YPSILANTI MI 48197

Title PRESIDENT
Name VINEYARD, DAVID
Address 24201 EAST GROVELAND ROAD
City-State-Zip: BEACHWOOD OH 44122

Title OFFICER
Name PINERO CARRASQUILLO, BRENDA IVELISSE
Address 3102 HAINE DRIVE
APT 422
City-State-Zip: HARLINGEN TX 78550

Title DIRECTOR
Name SASS, MOLLY
Address 20 AMHERST ST.
1
City-State-Zip: ROSLINDALE MA 02131

Title DIRECTOR
Name FOX, DURRELL
Address 1098 TO LANI ROAD
City-State-Zip: STONE MOUNTAIN GA 30038

Title TREASURER
Name HARP, MICHAEL
Address 2900 WEST RD,
SUITE 222
City-State-Zip: EAST LANSING MI 48823

Title OFFICER
Name KLINE, ANISA
Address 154 N. OVAL MALL
City-State-Zip: COLUMBUS OH 43210

Title OFFICER
Name SMYTHE, JULIE
Address 2142B WASHTENAW AVENUE
City-State-Zip: YPSILANTI MI 48197

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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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MAGALY DANTE

CEO

02/13/2023

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title OFFICER
Name BEAN, KIRSTEN
Address 2142B WASHTENAW AVENUE
City-State-Zip: YPSILANTI MI 48197