

2024 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:

12001 RESEARCH PARKWAY, SUITE 236
ORLANDO, FL 32826 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

02/27/2024

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 525 WEST 24TH STREET
APT 4110
City-State-Zip: HOUSTON TX 77008

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

Title DIRECTOR
Name FOX, DURRELL
Address 614 SANDPIPER COVE
City-State-Zip: STOCKBRIDGE GA 30281

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

Title OFFICER
Name KLINE, ANISA
Address 1088 SUNNY HILL DRIVE
City-State-Zip: COLUMBUS OH 43221

Title OFFICER
Name SMYTHE, JULIE
Address 805 COUNTRY CHARM CIRCLE
City-State-Zip: OVIEDO FL 32765

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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

02/27/2024

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title OFFICER
Name BEAN, KIRSTEN
Address 150 MIAMI DRIVE
City-State-Zip: YELLOW SPRINGS OH 45387

Title OFFICER
Name HINES, EUNICE
Address 10300 SW 216TH STREET
City-State-Zip: MIAMI FL 33190

Title OFFICER
Name RUSSA, LISSETH
Address 10472 CRESTO DELSOL CIRCLE
City-State-Zip: ORLANDO FL 32817