

**2022 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

02/04/2022

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title OFFICER  
Name PHILLIPS MARTINEZ, AMANDA  
Address 1026 S. MCDONOUGH ST  
City-State-Zip: DECATUR GA 30030

Title SECRETARY, CEO  
Name LAWN-DAY, GAYLE  
Address 5220 W. AGATE STREET  
City-State-Zip: PASCO WA 78552

Title VP  
Name MEYER, CHRIS  
Address 2301 S WALLONNIE DRIVE  
City-State-Zip: MARSHFIELD WI 54448

Title OFFICER  
Name VINEYARD, JONATHON  
Address 1240 MATENGO CIRCLE  
City-State-Zip: ST. JOHNS FL 32259

Title OFFICER  
Name SALINAS, JOSE P.  
Address 1811 OTTAWA ROAD  
City-State-Zip: GENOA OH 43430

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

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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:** GAYLE LAWN-DAY

CEO

02/04/2022

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

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

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

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