

2023 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F17000001375

FILED
Feb 02, 2023
Secretary of State
9695667839CC

Entity Name: NATALIA MENTAL HEALTH FOUNDATION, INC.

Current Principal Place of Business:

1800 S OCEAN BLVD
UNIT 412
POMPANO BEACH, FL 33062

Current Mailing Address:

1800 S OCEAN BLVD
UNIT 412
POMPANO BEACH, FL 33062 US

FEI Number: 81-1060938

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ELEJALDE, EDUARDO
1800 S OCEAN BLVD
UNIT 412
POMPANO BEACH, FL 33062 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: EDUARDO ELEJALDE

02/02/2023

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name ELEJALDE, EDUARDO
Address 1800 S OCEAN BLVD
 UNIT 412
City-State-Zip: POMPANO BEACH FL 33062

Title DIRECTOR
Name ELEJALDE RUIZ, ALEXIA
Address 1800 S OCEAN BLVD
 UNIT 412
City-State-Zip: POMPANO BEACH FL 33062

Title DIRECTOR
Name FEITEL, THOMAS
Address 1800 S OCEAN BLVD
 UNIT 412
City-State-Zip: POMPANO BEACH FL 33062

Title VPS
Name HETTINGER, JONATHAN
Address 1800 S OCEAN BLVD
 UNIT 412
City-State-Zip: POMPANO BEACH FL 33062

Title VPT
Name PASARNIKAR, RAHUL
Address 1800 S OCEAN BLVD
 UNIT 412
City-State-Zip: POMPANO BEACH FL 33062

Title DIRECTOR
Name MONTERO, FERNANDO
Address 1800 S OCEAN BLVD
 UNIT 412
City-State-Zip: POMPANO BEACH FL 33062

Title DIRECTOR
Name GRAIS, RONALD
Address 1800 S OCEAN BLVD
 UNIT 412
City-State-Zip: POMPANO BEACH FL 33062

Title DIRECTOR
Name OLFSON, MARK
Address 1800 S OCEAN BLVD
 UNIT 412
City-State-Zip: POMPANO BEACH FL 33062

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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: EDUARDO ELEJALDE

PRESIDENT

02/02/2023

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name WHARTON, RALPH
Address 1800 S OCEAN BLVD
 UNIT 412
City-State-Zip: POMPANO BEACH FL 33062