

2022 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F17000001375

Entity Name: NATALIA MENTAL HEALTH FOUNDATION, INC.

FILED
Feb 10, 2022
Secretary of State
8443412445CC

Current Principal Place of Business:

2665 S BAYSHORE DR, SUITE 715
COCONUT GROVE, FL 33133

Current Mailing Address:

2665 S BAYSHORE DR, SUITE 715
COCONUT GROVE, FL 33133 US

FEI Number: 81-1060938

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ELEJALDE, EDUARDO
2665 S BAYSHORE DR, SUITE 715
COCONUT GROVE, FL 33133 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

02/10/2022

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title CP
Name ELEJALDE, EDUARDO
Address 2665 S BAYSHORE DR, SUITE 715
City-State-Zip: COCONUT GROVE FL 33133

Title D
Name ELEJALDE-RUIZ, ALEXIA
Address 2665 S BAYSHORE DR, SUITE 715
City-State-Zip: COCONUT GROVE FL 33133

Title D
Name FEITEL, THOMAS
Address 2665 S BAYSHORE DR, SUITE 715
City-State-Zip: COCONUT GROVE FL 33133

Title VPS
Name HETTINGER, JONATHAN
Address 2665 S BAYSHORE DR, SUITE 715
City-State-Zip: COCONUT GROVE FL 33133

Title VPT
Name PASARNIKAR, RAHUL
Address 2665 S BAYSHORE DR, SUITE 715
City-State-Zip: COCONUT GROVE FL 33133

Title D
Name MONTERO, FERNANDO
Address 2665 S BAYSHORE DR, SUITE 715
City-State-Zip: COCONUT GROVE FL 33133

Title DIRECTOR
Name GRAIS, RONALD
Address 2665 S BAYSHORE DR, SUITE 715
City-State-Zip: COCONUT GROVE FL 33133

Title DIRECTOR
Name OLFSON, MARK
Address 2665 S BAYSHORE DR, SUITE 715
City-State-Zip: COCONUT GROVE FL 33133

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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

02/10/2022

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name WHARTON, RALPH
Address 2665 S BAYSHORE DR, SUITE 715
City-State-Zip: COCONUT GROVE FL 33133