

**2020 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F17000001375

**Entity Name:** NATALIA MENTAL HEALTH FOUNDATION, INC.**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

02/20/2020

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 T  
Name HERNANDEZ, DENISE  
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:** DENISE HERNANDEZ

TREASURER

02/20/2020

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