

**2022 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F02000005506

**Entity Name:** MENTAL HEALTH ASSOCIATES, INC.

**Current Principal Place of Business:**

15400 CALHOUN DRIVE, SUITE 300  
ROCKVILLE, MD 20855

**Current Mailing Address:**

151 FARMINGTON AVENUE RW61  
HARTFORD, CT 06156 US

**FEI Number: 72-1106596**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title VICE PRESIDENT AND SECRETARY  
Name LEE, EDWARD CHUNG-I  
Address 15400 CALHOUN DRIVE, SUITE 300  
City-State-Zip: ROCKVILLE MD 20855

Title VICE PRESIDENT AND TREASURER  
Name SMITH, TRACY LOUISE  
Address 15400 CALHOUN DRIVE, SUITE 300  
City-State-Zip: ROCKVILLE MD 20855

Title PRESIDENT  
Name MCNULTY, CARA ANNE  
Address 15400 CALHOUN DRIVE, SUITE 300  
City-State-Zip: ROCKVILLE MD 20855

Title DIRECTOR  
Name MCNULTY, CARA ANNE  
Address 15400 CALHOUN DRIVE, SUITE 300  
City-State-Zip: ROCKVILLE MD 20855

*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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: LEE , EDWARD CHUNG-I**

**SECRETARY**

**04/08/2022**

Electronic Signature of Signing Officer/Director Detail

Date