

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000003516

FILED
Feb 23, 2012
Secretary of State

Entity Name: TWO SPIRIT MENTAL HEALTH SERVICES, INC.

Current Principal Place of Business:

934 N MAGNOLIA AVE., STE 234
ORLANDO, FL 32803

New Principal Place of Business:

801 N MAGNOLIA AVE., STE 314
ORLANDO, FL 32803

Current Mailing Address:

934 N MAGNOLIA AVE., STE 234
ORLANDO, FL 32803

New Mailing Address:

801 N MAGNOLIA AVE., STE 314
ORLANDO, FL 32803

FEI Number: 45-1063515

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BAKER-HARGROVE, DAVID PHD
815 EMERALD LN
ORLANDO, FL 32801 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PD
Name: BAKER-HARGROVE, DAVID
Address: 815 EMERALD LANE
City-St-Zip: ORLANDO, FL 32801

Title: VPD
Name: BARBERY, LAURA
Address: 801 N. MAGNOLIA ST. STE 314
City-St-Zip: ORLANDO, FL 32803

Title: D
Name: CHANDLER, COLLEEN
Address: 801 N. MANOLIA ST., STE 314
City-St-Zip: ORLANDO, FL 32803

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: DAVID BAKER-HARGROVE

PD

02/23/2012

Electronic Signature of Signing Officer or Director

Date