

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N1100003516

**Entity Name:** TWO SPIRIT HEALTH SERVICES, INC.

**Current Principal Place of Business:**

801 N. MAGNOLIA AVE., STE 402  
ORLANDO, FL 32803

**Current Mailing Address:**

801 N. MAGNOLIA AVE., STE 402  
ORLANDO, FL 32803 US

**FEI Number: 45-1063515**

**Certificate of Status Desired: No**

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

BAKER-HARGROVE, DAVID PHD  
815 EMERALD LN  
ORLANDO, FL 32801 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	PRESIDENT/CO-CEO	Title	COO/CO-CEO
Name	BAKER-HARGROVE, DAVID	Name	BAKER-HARGROVE, ROBERT LOUIS
Address	815 EMERALD LANE	Address	815 EMERALD LN
City-State-Zip:	ORLANDO FL 32801	City-State-Zip:	ORLANDO FL 32801

*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**

**PRESIDENT/CO-CEO**

**01/12/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date