

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000003516

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

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

Title BOARD CHAIR
Name CARRICK, NAYTE
Address 801 N. MAGNOLIA AVE., STE 402
City-State-Zip: ORLANDO FL 32803

Title SECRETARY
Name RYAN, KRIS
Address 801 N. MAGNOLIA AVE., STE 402
City-State-Zip: ORLANDO FL 32803

Title DIRECTOR
Name BROWN, KEN
Address 801 N. MAGNOLIA AVE., STE 402
City-State-Zip: ORLANDO FL 32803

Title DIRECTOR
Name LOVETTE, CHEV
Address 801 N. MAGNOLIA AVE., STE 402
City-State-Zip: ORLANDO FL 32803

Title DIRECTOR
Name YACOVELLI, STEVE
Address 801 N. MAGNOLIA AVE., STE 402
City-State-Zip: ORLANDO FL 32803

Title DIRECTOR
Name BRENNAN, BRITT
Address 801 N. MAGNOLIA AVE., STE 402
City-State-Zip: ORLANDO FL 32803

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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: DAVID BAKER-HARGROVE

PRESIDENT/CO-CEO

04/17/2019

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name POLLEY, JOANN
Address 801 N. MAGNOLIA AVE., STE 402
City-State-Zip: ORLANDO FL 32803

Title DIRECTOR
Name MEDIAVILLA, JERRICK
Address 801 N. MAGNOLIA AVE., STE 402
City-State-Zip: ORLANDO FL 32803