

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000003516

Entity Name: TWO SPIRIT MENTAL HEALTH SERVICES, INC.

Current Principal Place of Business:

801 N MAGNOLIA AVE., STE 220
ORLANDO, FL 32803

Current Mailing Address:

801 N MAGNOLIA AVE., STE 220
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 PD
Name BAKER-HARGROVE, DAVID
Address 815 EMERALD LANE
City-State-Zip: ORLANDO FL 32801

Title VPD
Name BARBERY, LAURA
Address 801 N. MAGNOLIA ST. STE 220
City-State-Zip: ORLANDO FL 32803

Title D
Name CHANDLER, COLLEEN
Address 801 N. MANOLIA ST., STE 220
City-State-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

01/22/2014

Electronic Signature of Signing Officer/Director Detail

Date