

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N11000003516

**FILED**  
**Jan 25, 2016**  
**Secretary of State**  
**CC5699227607**

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

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

Title D  
Name CHANDLER, COLLEEN  
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 WEISBART, HARMONY  
Address 801 N. MAGNOLIA AVE., STE 402  
City-State-Zip: ORLANDO FL 32803

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

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

Title DIRECTOR  
Name BLACK, JUANITA  
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/CEO**

**01/25/2016**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

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