

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N18000001520

**Entity Name:** NINOS HEALTH, INC.

**Current Principal Place of Business:**

1900 SOUTH HARBOR CITY BLVD  
SUITE 101  
MELBOURNE, FL 32901

**Current Mailing Address:**

1900 SOUTH HARBOR CITY BLVD  
SUITE 101  
MELBOURNE, FL 32901

**FEI Number:** 82-4359120

**Certificate of Status Desired:** No

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

SALINAS, CHRISTINE M PSYD  
410 ATLANTIC ST  
MELBOURNE BEACH, FL 32951 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 P  
Name SALINAS, CHRISTINE M PSYD  
Address 410 ATLANTIC ST  
City-State-Zip: MELBOURNE BEACH FL 32951

Title DIRECTOR  
Name NEAL, JESSICA J  
Address 207 MARTIN ST  
City-State-Zip: INDIAN HARBOUR BEACH FL 32937

Title TREASURER  
Name HOOVER, WYATT  
Address 308 OAK ST  
City-State-Zip: MELBOURNE BEACH FL 32951

*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:** CHRISTINE M. SALINAS

**PRESIDENT**

**04/13/2019**

Electronic Signature of Signing Officer/Director Detail

Date