

2025 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P18000011820

Entity Name: MENTAL HEALTH CASE MANAGER, WSC & BROKER
INSURANCE ADVISOR, INC.

Current Principal Place of Business:

6640 NW 7TH STREET
504
MIAMI, FL 33126

Current Mailing Address:

6640 NW 7TH STREET
504
MIAMI, FL 33126 US

FEI Number: 82-4319895

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ELIO HOYOS, OSMANY
6640 NW 7TH STREET
APT 504 504
MIAMI, FL 33126 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 ELIO HOYOS, OSMANY
Address 6640 NORTHWEST 7TH STREET
504
City-State-Zip: MIAMI FL 33126

Title S
Name RODRIGUEZ, WILLIAMS
Address 6640 NW 7TH ST
UNIT 504
City-State-Zip: MIAMI FL 33126

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: OSMANY ELIO HOYOS

PRESIDENT

03/12/2025

Electronic Signature of Signing Officer/Director Detail

Date