

2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P20000050809

Entity Name: SALAS THERAPY MENTAL HEALTH SERVICES, CORP.

Current Principal Place of Business:

11420 NORTH KENDALL DRIVE
SUITE # 110
MIAMI, FL 33176

Current Mailing Address:

15946 SW 147TH LN
MIAMI, FL 33196 US

FEI Number: 85-1988288

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SALAS, ALDO Y
15946 SW 147TH LN
MIAMI, FL 33196 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 SALAS, ALDO Y
Address 15946 SW 147TH LN
City-State-Zip: MIAMI FL 33196

Title OFFICE MANAGER
Name SALAS, MAE LY
Address 11420 NORTH KENDALL DRIVE
SUITE # 110
City-State-Zip: MIAMI FL 33176

Title VP
Name SALAS, JACKELINE MARIE
Address 15946 SW 147TH LN
City-State-Zip: MIAMI FL 33196

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: MAE LY SALAS

OFFICE MANAGER

04/29/2022

Electronic Signature of Signing Officer/Director Detail

Date