## 2021 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P20000050809

Entity Name: SALAS THERAPY MENTAL HEALTH SERVICES, CORP.

**FILED** Sep 15, 2021 **Secretary of State** 9752906836CC

## **Current Principal Place of Business:**

11420 NORTH KENDALL DRIVE **SUITE # 110** MIAMI, FL 33176

# **Current Mailing Address:**

11420 NORTH KENDALL DRIVE **SUITE #110** MIAMI, FL 33176 US

FEI Number: 85-1988288 Certificate of Status Desired: Yes

## 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.

Title

Name

Address

City-State-Zip:

SIGNATURE:

Electronic Signature of Registered Agent

Date

## Officer/Director Detail:

Title

Name

SALAS, ALDO Y

Address 15946 SW 147TH LN

City-State-Zip: MIAMI FL 33196

VΡ Title

Name SALAS, JACKELINE MARIE

Address 15946 SW 147TH LN City-State-Zip: MIAMI FL 33196

SIGNATURE: MAE LY SALAS

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.

Electronic Signature of Signing Officer/Director Detail

OFFICE MANAGER

OFFICE MANAGER

11420 NORTH KENDALL DRIVE

SALAS, MAE LY

MIAMI FL 33176

**SUITE #110** 

09/15/2021