

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P21000019120

**Entity Name:** MENTAL HEALTH SPECIALTY GROUP, P.A.

**Current Principal Place of Business:**

4470 W SUNSET BLVD  
SUITE 107  
LOS ANGELES, CA 90027

**Current Mailing Address:**

4470 W SUNSET BLVD  
SUITE 107  
LOS ANGELES, CA 90027 US

**FEI Number:** 86-2493019

**Certificate of Status Desired:** No

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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           | DIRECTOR, PRESIDENT,<br>SECRETARY, TREASURER |
| Name            | WILLENBRING, MARK MD                         |
| Address         | 520 BROADWAY SUITE 200                       |
| City-State-Zip: | SANTA MONICA CA 90401                        |

*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:** MARK WILLENBRING, M.D.

**PRESIDENT**

**04/10/2023**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date