

**2025 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P23000078008

**Entity Name:** MANA HEALTH PARTNERS, P.A.

**Current Principal Place of Business:**

1317 EDGEWATER DR  
1470  
ORLANDO, FL 32804

**Current Mailing Address:**

1317 EDGEWATER DR  
1470  
ORLANDO, FL 32804 US

**FEI Number:** 93-4289704

**Certificate of Status Desired:** No

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

SCHWARZ, MITCH  
1317 EDGEWATER DR  
1470  
ORLANDO, FL 32804 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 CRUZ, VICTOR D DR.  
Address 1317 EDGEWATER DR  
City-State-Zip: ORLANDO FL 32804

*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:** VICTOR D. CRUZ

**PRESIDENT**

**04/16/2025**

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

\_\_\_\_\_  
Date