

2020 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Apr 25, 2020
Secretary of State
1830253180CC

Entity Name: CASA DE CONSEJERIA Y SALUD INTEGRAL, INC. (HOUSE OF COUNSELING AND INTEGRAL HEALTH INC.)

Current Principal Place of Business:

2150 HAM BROWN ROAD
SUITE #1
KISSIMMEE, FL 34746

Current Mailing Address:

2150 HAM BROWN ROAD
KISSIMMEE, FL 34746

FEI Number: 23-2738971

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

MONTES, BIRMA
2150 HAM BROWN ROAD
KISSIMMEE, FL 34746 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 D
Name MEDRANO, JUAN F
Address 5715 MASCHER STREET
City-State-Zip: PHILADELPHIA PA 19140

Title CHAIRMAN
Name REED, SANDRA REV.
Address 3900 FORD ROAD #6C
City-State-Zip: PHILADELPHIA PA 19131

Title DIRECTOR
Name NUTTER, EDITH F M.ED.
Address 515 W. GODFREY AVENUE
City-State-Zip: PHILADELPHIA PA 19126

Title CORRESPONDING SECRETARY
Name MONTES-WHITELEY, SASHA
Address 222 8TH. AVENUE
City-State-Zip: WILMINGTON DE 19805

Title DIRECTOR
Name LLANO-ROSS, CANDICE
Address 4613 WILBROCK STREET
City-State-Zip: PHILADELPHIA PA 19136

Title DIRECTOR
Name VAZQUEZ, PIERCE
Address 222 RICHMOND STREET
City-State-Zip: PHILADELPHIA PA 19125

Title DIRECTOR
Name MCBRIDE, WILLIAM
Address 1900 S. 15TH. STREET
City-State-Zip: PHILADELPHIA PA 19145

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

SIGNATURE: SASHA MONTES-WHITELEY

**CORRESPONDING
SECRETARY**

04/25/2020

Electronic Signature of Signing Officer/Director Detail

Date