2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F09000001915

Entity Name: MHA LONG TERM CARE NETWORK, INC.

FILED Apr 26, 2018 **Secretary of State** CC6070531481

Current Principal Place of Business:

25-A VREELAND ROAD, SUITE 200 FLORHAM PARK, NJ 07932

Current Mailing Address:

25-A VREELAND ROAD, SUITE 200 FLORHAM PARK, NJ 07932

FEI Number: 20-3764090 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 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:

Name

Name

Date Electronic Signature of Registered Agent

Officer/Director Detail :

Title **PRESIDENT** Title SECRETARY, DIRECTOR, VICE

> **PRESIDENT** SICILIAN, MICHAEL

Name STIPANCICH, JOHN K. Address 25-A VREELAND ROAD, SUITE 200

25-B VREELAND ROAD Address City-State-Zip: FLORHAM PARK NJ 07932 SUITE 300

City-State-Zip: FLORHAM PARK NJ 07932 Title DIRECTOR, VICE PPRESIDENT,

ASSISTANT SECRETARY

CONLEY, JASON

25-A VREELAND ROAD, SUITE 200 Address

City-State-Zip: FLORHAM PARK NJ 07932

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: JOHN K. STIPANCICH

Electronic Signature of Signing Officer/Director Detail

04/26/2018 **SECRETARY**

Date