2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F09000001915

Entity Name: MHA LONG TERM CARE NETWORK, INC.

FILED Feb 23, 2023 **Secretary of State** 6531974721CC

Current Principal Place of Business:

25-A VREELAND ROAD, SUITE 200 P.O. BOX 789 FLORHAM PARK, NJ 07932

Current Mailing Address:

25-B VREELAND ROAD, SUITE 300 FLORHAM PARK, NJ 07932 US

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:

Electronic Signature of Registered Agent

Address

Date

Officer/Director Detail:

PRESIDENT Title Title SECRETARY, DIRECTOR, VICE

PRESIDENT

HOLLADAY, DAVID Name Name STIPANCICH, JOHN K.

Address 25-A VREELAND ROAD, SUITE 200 6905 PROFESSIONAL PARKWAY

P.O. BOX 789

FLORHAM PARK NJ 07932 City-State-Zip: LAKEWOOD FL 34240 City-State-Zip:

DIRECTOR, VP, ASST. SECRETARY Title Title DIRECTOR

Name CONLEY, JASON Name CROSS, BRANDON

6903 PROFESSIONAL PARKWAY 25-A VREELAND ROAD, SUITE 200 Address Address

P.O. BOX 789

City-State-Zip: LAKEWOOD RANCH FL 34240 FLORHAM PARK NJ 07932 City-State-Zip:

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.

02/23/2023 SIGNATURE: JASON CONLEY **DIRECTOR**