

2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F09000001915

Entity Name: MHA LONG TERM CARE NETWORK, INC.**Current Principal Place of Business:**25-A VREELAND ROAD, SUITE 200
P.O. BOX 789
FLORHAM PARK, NJ 07932**Current Mailing Address:**25-A 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_____
Date**Officer/Director Detail :**

Title	PRESIDENT
Name	KOONTZ, DIANE
Address	25-A VREELAND ROAD, SUITE 200 P.O. BOX 789
City-State-Zip:	FLORHAM PARK NJ 07932
Title	DIRECTOR, VP, ASST. SECRETARY
Name	CONLEY, JASON
Address	6901 PROFESSIONAL PARKWAY EAST SUITE 200
City-State-Zip:	SARASOTA FL 34240

Title	SECRETARY, DIRECTOR, VICE PRESIDENT
Name	STIPANCICH, JOHN K.
Address	6901 PROFESSIONAL PARKWAY EAST SUITE 200
City-State-Zip:	SARASOTA, FL 34240
Title	DIRECTOR
Name	CRISCI, ROBERT
Address	6901 PROFESSIONAL PARKWAY EAST, SUITE 200
City-State-Zip:	SARASOTA FL 34240

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**SECRETARY****04/28/2021**_____
Electronic Signature of Signing Officer/Director Detail_____
Date