**2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

**FILED**
**Apr 25, 2024**
**Secretary of State**
**2117159451CC**

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 200
P.O. BOX 789
FLORHAM PARK, NJ 07932 US

**FEI Number: 20-3764090**

**Certificate of Status Desired:** No

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

UNITED AGENT GROUP INC.
801 US HIGHWAY 1
NORTH PALM BEACH, FL 33408 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 | VICE PRESIDENT AND ASSISTANT SECRETARY / DIRECTOR |
| Name | CONLEY, JASON |
| Address | 6496 UNIVERSITY PARKWAY |
| City-State-Zip: | SARASOTA FL 34240 |

| | |
|---|---|
| Title | VP |
| Name | ABLE, CHRISTINA |
| Address | 6496 UNIVERSITY PARKWAY |
| City-State-Zip: | SARASOTA FL 34240 |

| | |
|---|---|
| Title | PRESIDENT |
| Name | HOLLADAY, DAVID |
| Address | 25-A VREELAND ROAD, SUITE 200<br>P.O. BOX 789 |
| City-State-Zip: | FLORHAM PARK NJ 07932 |

| | |
|---|---|
| Title | VICE PRESIDENT AND SECRETARY / DIRECTOR |
| Name | STIPANCICH, JOHN |
| Address | 6496 UNIVERSITY PARKWAY |
| City-State-Zip: | SARASOTA FL 34240 |

| | |
|---|---|
| Title | VICE PRESIDENT / ASSISTANT SECRETARY |
| Name | BARR, GLORIA |
| Address | 25-A VREELAND ROAD, SUITE 200<br>P.O. BOX 789 |
| City-State-Zip: | FLORHAM PARK NJ 07932 |

| | |
|---|---|
| Title | DIRECTOR |
| Name | CROSS, BRANDON |
| Address | 6496 UNIVERSITY PARKWAY |
| 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: GLORIA BARR — ASSISTANT SECRETARY, BY JON-MICHAEL SANCHEZ ATTORNEY-IN-FACT — 04/25/2024

Electronic Signature of Signing Officer/Director Detail Date