

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000011297

FILED
Jan 04, 2012
Secretary of State

Entity Name: HEALTH THROUGH WALLS, INC.

Current Principal Place of Business:

12555 BISCAYNE BLVD., STE. 955
NORTH MIAMI, FL 33181

New Principal Place of Business:

Current Mailing Address:

12555 BISCAYNE BLVD., STE. 955
NORTH MIAMI, FL 33181

New Mailing Address:

FEI Number: 55-0909719

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MAY, JOHN P.
13240 N. BAYSHORE DR.
NORTH MIAMI, FL 33181 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: DP
Name: MAY, JOHN P.
Address: 13240 N. BAYSHORE DR.
City-St-Zip: N. MIAMI, FL 33181

Title: DV
Name: KARSHAN, MICHELLE
Address: 70A GREENWICH AVE., BOX 373
City-St-Zip: NEW YORK, NY 10011

Title: D
Name: DEAL, ANGELA
Address: 2300 NW 6TH STREET
City-St-Zip: POMPANO BEACH, FL 33069

Title: D
Name: THOMAS, DAVID L.
Address: 3200 S. UNIVERSITY DR., 4TH FLOOR
City-St-Zip: FT. LAUDERDALE, FL 33328

Title: D
Name: DORSAINVIL, PIERRE
Address: 600 N. CONGRESS AVE., STE. 430A
City-St-Zip: DEL RAY BEACH, FL 33445

Title: ST
Name: ANDREWS, MARK C.
Address: 13240 N. BAYSHORE DR.
City-St-Zip: N. MIAMI, FL 33181

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: JOHN P MAY

DP

01/04/2012

Electronic Signature of Signing Officer or Director

Date