

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 752682

**Entity Name:** THE HYPOGLYCEMIA SUPPORT FOUNDATION, INC.

**Current Principal Place of Business:**

2638 NW 104TH AVE  
APT 203  
SUNRISE, FL 33322

**Current Mailing Address:**

2638 NW 104TH AVE  
APT 203  
SUNRISE, FL 33322 US

**FEI Number: 59-2002919**

**Certificate of Status Desired: Yes**

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

DALE LEDBETTER (ATTORNEY AT LAW)  
411 N NEW RIVER DR. E.  
FORT LAUDERDALE, FL 33301 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 PD  
Name RUGGIERO, ROBERTA  
Address 2638 NW 104TH AVE APT 203  
City-State-Zip: SUNRISE FL 33322

Title VD  
Name PANCIERA, TIFFANY  
Address 6001 N. OCEAN DR.  
APT. 1202  
City-State-Zip: HOLLYWOOD FL 33019

Title STD  
Name JASZCZ, RENEE  
Address 1125 COMPASS POINTE CROSSING  
City-State-Zip: ALPHARETTA GA 30005

*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: ROBERTA RUGGIERO**

**PD**

**01/10/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date