

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 752682

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

**Current Principal Place of Business:**

10180 NW 30TH COURT,  
APARTMENT 210  
SUNRISE, FL 33322

**Current Mailing Address:**

10180 NW 30TH COURT,  
APARTMENT 210  
SUNRISE, FL 33322 US

**FEI Number: 59-2002919**

**Certificate of Status Desired: No**

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

REGISTERED AGENTS INC.  
7901 4 ST N STE 300  
ST PETERSBURG, FL 33702 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: BILL HAVRE**

**02/22/2022**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT AND FOUNDER  
Name            RUGGIERO, ROBERTA  
Address        10180 NW 30TH COURT,  
                  APARTMENT 210  
City-State-Zip: SUNRISE FL 33322

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

Title            BOARD MEMBER  
Name            JASZCZ, RENEE  
Address        10615 WOODLAND OAKS DR  
City-State-Zip: BATON ROUGE LA 70809

Title            CEO AND CFO  
Name            ALDERSON, WOLFRAM  
Address        74 MOUNTAIN SPRING AVENUE  
City-State-Zip: SAN FRANCISCO CA 94114

*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: WOLFRAM ALDERSON**

**CEO AND CFO**

**02/22/2022**

Electronic Signature of Signing Officer/Director Detail

Date