

2016 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: No

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

02/02/2016

Electronic Signature of Signing Officer/Director Detail

Date