

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N01000001117

**Entity Name:** MEC POMPANO THE HEALING CENTER, INC.**Current Principal Place of Business:**115 NW 3RD ST  
POMPANO BEACH, FL 33060**Current Mailing Address:**115 NE 3RD STREET  
POMPANO BEACH, FL 33060 US**FEI Number:** 65-1031438**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**BAKER, DORIS  
115 NW 3RD ST  
POMPANO BEACH, FL 33060 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:** DORIS BAKER

04/02/2019

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P/D  
Name KEMP, OTIS L  
Address 3910 NW 177 STREET  
City-State-Zip: CAROL CITY FL 33055

Title DIRECTOR  
Name KEMP, VIVIAN E  
Address 3910 NW 177 STREET  
City-State-Zip: CAROL CITY FL 33055

Title V/D  
Name STOKES, HOWARD  
Address 1441 NORTHWEST 5TH AVENUE  
City-State-Zip: FORT LAUDERDALE FL 33311

Title T/D  
Name BAKER, DORIS  
Address 4840 NW 16TH CT  
City-State-Zip: LAUDERHILL FL 33313

Title S/D  
Name DEES, EDICE S  
Address 1213 S. DIXIE HIGHWAY APT#207  
City-State-Zip: POMPANO BEACH FL 33060

Title DIRECTOR  
Name BOARDERS, LEO  
Address 604 N.W. 17 AVE  
City-State-Zip: POMPANO BEACH FL 33069

Title DIRECTOR  
Name WILLIAMS, TYUS  
Address 1920 S.W. 81 AVE APT#1-106  
City-State-Zip: POMPANO BEACH FL 33068

Title DIRECTOR  
Name CHAMBERS, MARILYN  
Address 2704 NW 47 TERRACE  
City-State-Zip: LAUDERHILL FL 33313

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*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:** VIVIAN E KEMP**ADMINISTRATOR**

04/02/2019

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title                   DIRECTOR  
Name                 HENDERSON, STEPHEN  
Address             3730 NW 29 STREET  
City-State-Zip:   FORT LAUDERDALE FL 33311

Title                   DIRECTOR  
Name                 MATHIS, JOY  
Address             3554 LAKEWOOD PLACE  
City-State-Zip:   COCONUT CREEK FL 33073