

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

DOCUMENT# N03000002147

**Entity Name:** BE HEALTHY, INC.

**Current Principal Place of Business:**

4588 NE 2ND AVENUE  
MIAMI , FL 33137

**Current Mailing Address:**

4588 NE 2ND AVENUE  
MIAMI , FL 33137 US

**FEI Number:** 30-0156239

**Certificate of Status Desired:** No

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

GALIPO, JANET  
4588 NE 2ND AVENUE  
MIAMI , FL 33137 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 DR.  
Name GALIPO, JANET  
Address 510 W 30 STREET  
City-State-Zip: MIAMI BEACH FL 33140

Title D  
Name HOULAHAN, KATHLEEN  
Address 1900 SOUTH TREASURE DRIVE  
APT 6 S  
City-State-Zip: NORTH BAY VILLAGE FL 33141

Title D  
Name BETSY, BLANKENBAKER  
Address 3254 BAY ROAD SOUTH DRIVE  
City-State-Zip: INDIANAPOLIS IN 46240

*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:** JANET GALIPO

**OWNER**

**03/17/2017**

Electronic Signature of Signing Officer/Director Detail

Date