

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000011297

Entity Name: HEALTH THROUGH WALLS, INC.

Current Principal Place of Business:

12555 BISCAYNE BLVD., STE. 955
NORTH MIAMI, FL 33181

Current Mailing Address:

12555 BISCAYNE BLVD., STE. 955
NORTH MIAMI, FL 33181

FEI Number: 55-0909719

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

MAY, JOHN P.
13240 N. BAYSHORE DR.
NORTH MIAMI, FL 33181 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 DP
Name MAY, JOHN P.
Address 13240 N. BAYSHORE DR.
City-State-Zip: N. MIAMI FL 33181

Title DV
Name KARSHAN, MICHELLE
Address 70A GREENWICH AVE., BOX 373
City-State-Zip: NEW YORK NY 10011

Title D
Name DEAL, ANGELA
Address 2300 NW 6TH STREET
City-State-Zip: POMPANO BEACH FL 33069

Title D
Name THOMAS, DAVID L.
Address 3200 S. UNIVERSITY DR., 4TH FLOOR
City-State-Zip: FT. LAUDERDALE FL 33328

Title D
Name DORSAINVIL, PIERRE
Address 600 N. CONGRESS AVE., STE. 430A
City-State-Zip: DEL RAY BEACH FL 33445

Title ST
Name ANDREWS, MARK C.
Address 13240 N. BAYSHORE DR.
City-State-Zip: N. MIAMI FL 33181

Title DIRECTOR
Name HELTZER, NED PHD
Address 4301 NORTH FAIRFAX DRIVE #400
City-State-Zip: ARLINGTON VA 22203

Title DIRECTOR
Name MUELLER, MARTY
Address 1614 EUCLID AVE 33
City-State-Zip: MIAMI FL 33139

Continues on page 2

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: JOHN P. MAY

PRESIDENT

04/05/2017

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name LAMBERT, JOHNNIE
Address 1214 15TH STREET
City-State-Zip: PORT ROYAL SC 29935

Title CHIEF OF PARTY - PROJECTS
Name DUVERGER, KARINE
Address 7640 BAYHILL DRIVE
City-State-Zip: MIAMI FL 33015

Title DIRECTOR
Name VIAMONTE ROS, ANA DR.
Address FLORIDA INTERNATIONAL UNIVERSITY - MMC
11200 SW 8TH STREET
City-State-Zip: MIAMI FL 33199