

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05000011297

**FILED**  
**Jan 09, 2015**  
**Secretary of State**  
**CC9145378444**

**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**

**01/09/2015**

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 GETACHEW, ASRESAHEGAN  
Address 3765 JENNINGS CHAPEL DR  
City-State-Zip: WOODBINE MD 21797

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