

**2016 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****03/30/2016**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title	DIRECTOR	Title	CHIEF OF PARTY - PROJECTS
Name	LAMBERT, JOHNNIE	Name	DUVERGER, KARINE
Address	1214 15TH STREET	Address	7640 BAYHILL DRIVE
City-State-Zip:	PORT ROYAL SC 29935	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		