

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000011044

Entity Name: HAITI CLINIC, INC.**Current Principal Place of Business:**865 37TH PLACE
VERO BEACH, FL 32960**Current Mailing Address:**865 37TH PLACE
VERO BEACH, FL 32960 US**FEI Number:** 26-1960750**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BROWNGOEHL, KEVIN
865 37TH PLACE
VERO BEACH, FL 32960 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:** KEVIN BROWNGOEHL

02/03/2017

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	VP
Name	PARVUS, DIRK
Address	1850 37TH ST
City-State-Zip:	VERO BEACH FL 32960

Title	TREASURER
Name	WELTON, LAURIE
Address	3735 11TH CIRCLE, SUITE 201
City-State-Zip:	VERO BEACH FL 32960

Title	SECRETARY
Name	DALE, JIM
Address	405 NORTH SHORE DR.
City-State-Zip:	COCOA BEACH FL 32931

Title	PRESIDENT
Name	BROWNGOEHL, KEVIN
Address	21 COURTNEY CIRCLE
City-State-Zip:	BRYN MAWR PA 19010

Title	EXECUTIVE DIRECTOR
Name	TOSSIE, JENNIFER
Address	865 37TH PLACE
City-State-Zip:	VERO BEACH FL 32960

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: KEVIN BROWNGOEHL, MD**EXECUTIVE DIRECTOR**

02/03/2017

Electronic Signature of Signing Officer/Director Detail

Date