

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N10000011238

**Entity Name:** HEALTH ORIENTATION ACTIVITY FOUNDATION CORP.

**Current Principal Place of Business:**

9153 SW 206TH STREET  
MIAMI, FL 33189

**Current Mailing Address:**

9153 SW 206TH STREET  
MIAMI, FL 33189 US

**FEI Number:** 45-1967052

**Certificate of Status Desired:** No

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

KEESING& ASSOCIATES, INC  
9153 SW 206TH STREET  
MIAMI, FL 33189 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 PD  
Name KEALOHA, NICK DR.  
Address 6039 COLLINS AVENUE  
1014  
City-State-Zip: MIAMI BEACH FL 33140

Title VPD  
Name LOPEZ, ARMANDO E  
Address 3095 NW 7 ST  
City-State-Zip: MIAMI FL 33125

Title TD  
Name CHIN SANG, KEITHSON  
Address 9153 SW 206 ST  
City-State-Zip: MIAMI FL 33189

Title DS  
Name FLOREZ, DANIELLA  
Address 5285 NW 112TH PLACE  
City-State-Zip: DORAL FL 33178

Title DIRECTOR  
Name CHIN-SANG, KEEMIN  
Address 13575 SW 83RD COURT  
City-State-Zip: PINECREST FL 33156

*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:** DR. NICK KEALOHA

**PRESIDENT**

**04/05/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date