

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14000001043

Entity Name: INTERNATIONAL ACADEMY OF HEALTH PREFERENCE
RESEARCH FOUNDATION, INC.**FILED**
Feb 01, 2022
Secretary of State
8071568230CC**Current Principal Place of Business:**701 S. HOWARD AVENUE, STE 246
TAMPA, FL 33606**Current Mailing Address:**701 S. HOWARD AVENUE, STE 246
TAMPA, FL 33606 US**FEI Number: 46-4730583****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**FRESH LEGAL PERSPECTIVE, PL
6930 W LINEBAUGH AVENUE
TAMPA, FL 33625 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	DIRECTOR
Name	CRAIG, BENJAMIN
Address	701 S. HOWARD AVENUE, STE 246
City-State-Zip:	TAMPA FL 33606

Title	M
Name	BROWN, DEREK S
Address	701 S. HOWARD AVENUE, STE 246
City-State-Zip:	TAMPA FL 33606

Title	C
Name	MUEHLBACHER, AXEL
Address	701 S. HOWARD AVE. STE 246
City-State-Zip:	TAMPA FL 33606

Title	M
Name	DE BEKKER-GROB, ESTHER
Address	701 S. HOWARD AVENUE, STE 246
City-State-Zip:	TAMPA FL 33606

Title	M
Name	GONZALEZ, JUAN MARCOS
Address	701 SOUTH HOWARD AVENUE SUITE 246
City-State-Zip:	TAMPA FL 33606

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: BENJAMIN CRAIG**EXECUTIVE DIRECTOR****02/01/2022**_____
Electronic Signature of Signing Officer/Director Detail_____
Date