

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N14000007557

**Entity Name:** GLOBAL DISEASE FOUNDATION, INC.

**Current Principal Place of Business:**

7350 FUTURES DRIVE, SUITE 9A  
ORLANDO, FL 32819

**Current Mailing Address:**

7350 FUTURES DRIVE, SUITE 9A  
ORLANDO, FL 32819 US

**FEI Number: 47-1814330**

**Certificate of Status Desired: Yes**

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

LAL, MILAN  
7350 FUTURES DRIVE, SUITE 9A  
ORLANDO, FL 32819 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 CHAIRMAN  
Name LAL, MILAN  
Address 7350 FUTURES DRIVE, SUITE 9A  
City-State-Zip: ORLANDO FL 32819

Title DIRECTOR  
Name HERNANDEZ, LUIS  
Address 7350 FUTURES DRIVE, SUITE 9A  
City-State-Zip: ORLANDO FL 32819

Title DIRECTOR  
Name FONES, DON  
Address 7350 FUTURES DRIVE, SUITE 9A  
City-State-Zip: ORLANDO FL 32819

Title DIRECTOR  
Name BAHOUN, RIAD DR.  
Address 7350 FUTURES DRIVE, SUITE 9A  
City-State-Zip: ORLANDO FL 32819

Title DIRECTOR  
Name LECLERC, CAROLINE  
Address 7350 FUTURES DRIVE, SUITE 9A  
City-State-Zip: ORLANDO FL 32819

Title DIRECTOR  
Name O'BRIEN, RAYMOND A  
Address 7350 FUTURES DRIVE, SUITE 9A  
City-State-Zip: ORLANDO FL 32819

*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: MILAN LAL**

**CHAIRMAN**

**03/11/2017**

Electronic Signature of Signing Officer/Director Detail

Date