

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N14000009896

**Entity Name:** HEALING HEARTS, HEALING MINDS, INC.

**Current Principal Place of Business:**

150 E PALMETTO PARK ROAD  
800  
BOCA RATON, FL 33432

**Current Mailing Address:**

38 SW 5TH WAY  
BOCA RATON, FL 33432 US

**FEI Number:** 47-1776191

**Certificate of Status Desired:** No

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

CYMBERKNOPF, BEATRIZ  
38 SW 5TH WAY  
BOCA RATON, FL 33432 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 CYMBERKNOPF, BEATRIZ  
Address 38 SW 5TH WAY  
City-State-Zip: BOCA RATON FL 33432

Title SD  
Name ZOMBERG, ALMA B  
Address 1502 15TH LANE  
City-State-Zip: GREENACRES FL 33463

Title STRATEGIC OFFICER  
Name LASSALLE, MARIA  
Address VILLA DE MONTE ATENAS II  
APT.801  
City-State-Zip: SAN JUAN PR 00926

Title PRESIDENT OF THE BOARD  
Name GILIYA, ZIVA  
Address 2214 POT SPRING ROAD,  
LUTHERVILLE  
City-State-Zip: TIMONIUM MD 21093

Title SENIOR VICE-PRESIDENT  
Name WAGNER, STUART ( MR.  
Address 38 SW 5TH WAY  
City-State-Zip: BOCA RATON FL 33432

*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:** BEATRIZ CYMBERKNOPF

**CEO**

**02/07/2019**

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

\_\_\_\_\_  
Date