

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N17000007825

**Entity Name:** GIVE TO HEAL FOUNDATION, INC.

**Current Principal Place of Business:**

1000 BRICKELL PLAZA  
APT. 4910  
MIAMI, FL 33131

**Current Mailing Address:**

1000 BRICKELL PLAZA  
APT. 4910  
MIAMI, FL 33131 US

**FEI Number:** 82-2384386

**Certificate of Status Desired:** No

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

BOLOGNA, STEFANIA ESQ.  
150 SE 2ND AVENUE, SUITE 1010  
MIAMI, FL 33131 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 DP  
Name MAGGIONI, ALESSANDRA  
Address 1172 S. DIXIE HIGHWAY SUITE #275  
City-State-Zip: CORAL GABLES FL 33146

Title DV  
Name HASKETT, TERESITA  
Address 100 SE 2ND STREET, SUITE #3800  
City-State-Zip: MIAMI FL 33131

Title DS  
Name CAPOFERRO, RAFFAELE  
Address 400 SOUTH POINTE DR.  
APT. 407  
City-State-Zip: MIAMI BEACH FL 33139

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:** ALESSANDRA MAGGIONI

**PRESIDENT**

**04/30/2022**

Electronic Signature of Signing Officer/Director Detail

Date