

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N18000008663

**Entity Name:** HEAD INJURY TREATMENT CORP

**Current Principal Place of Business:**

290 NE 5TH AVE  
19  
DELRAY BEACH, FL 33483

**Current Mailing Address:**

290 NE 5TH AVE  
19  
DELRAY BEACH, FL 33483

**FEI Number: 83-1538743**

**Certificate of Status Desired:** No

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

DORTON, WILLIAM C  
290 NE 5TH AVE  
19  
DELRAY BEACH, FL 33483 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            PRESIDENT  
Name            WILLIAM, DORTON  
Address        290 NE 5TH AVE #19  
City-State-Zip: DELRAY BEACH FL 33483

Title            TREASURER  
Name            SOLIMANDO, JARRETT  
Address        12761 ANTHORNE LANE  
City-State-Zip: BOYNTON BEACH FL 33436

Title            DIRECTOR  
Name            WIZOV, SHAINA  
Address        180 NE 4TH AVE #303  
                  G404  
City-State-Zip: DELRAY BEACH FL 33483

Title            OFFICER  
Name            KUNTZ, JASON  
Address        290 NE 5TH AVE  
                  19  
City-State-Zip: DELRAY BEACH FL 33483

*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: WILLIAM DORTON**

**PRESIDENT**

**05/10/2020**

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

\_\_\_\_\_  
Date