

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N18000008663

**FILED
Apr 12, 2019
Secretary of State
4392238063CC**

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 OFFICER
Name CHAPMAN, BRADLEY
Address 290 NE 5TH AVE #19
City-State-Zip: DELRAY BEACH FL 33483

Title TREASURER
Name SOLIMANDO, JARRETT
Address 290 NE 5TH AVE #19
City-State-Zip: DELRAY BEACH FL 33483

Title DIRECTOR
Name WIZOV, SHAINA
Address 820 LAVERS CIRCLE
 G404
City-State-Zip: DELRAY BEACH FL 33444

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

04/12/2019

Electronic Signature of Signing Officer/Director Detail

Date