

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N98000001933

**Entity Name:** HEALING THE CHILDREN-FLORIDA, INC.

**Current Principal Place of Business:**

3621 NEEDLES DRIVE  
ORLANDO, FL 32810

**Current Mailing Address:**

P.O, BOX 608432  
ORLANDO, FL 32860 US

**FEI Number: 59-3503974**

**Certificate of Status Desired: Yes**

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

RHODENBECK, ARLENE M  
3621 NEEDLES DRIVE  
ORLANDO, FL 32810 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            PRES  
Name            HOFFMAN, DAVID DR.  
Address        256 MASON AVENUE  
City-State-Zip: STATEN ISLAND NY 10305

Title            VP  
Name            GLICK, ANGELES  
Address        1015 NORTHERN DANCER COURT  
City-State-Zip: CASSELBERRY FL 32707

Title            SECRETARY  
Name            RHODENBECK, CALVIN M.  
Address        P.O, BOX 608432  
City-State-Zip: ORLANDO FL 32860

Title            TREASURER  
Name            FAJARDO, ROBERT M  
Address        PO BOX 608432  
City-State-Zip: ORLANDO FL 32860

Title            MEDICAL DIRECTOR  
Name            SNYDER, BRETT DR.  
Address        P.O, BOX 608432  
City-State-Zip: ORLANDO FL 32860

*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: ANGELES GLICK**

**VICE PRESIDENT**

**02/27/2023**

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

\_\_\_\_\_  
Date