

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