

2022 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F16000001167

Entity Name: THE HEALTH DEPOT ASSOCIATION INC.**Current Principal Place of Business:**2942 N 24TH ST.
STE. 114 - 471
PHOENIX, AZ 85016**Current Mailing Address:**2942 N 24TH ST.
STE. 114 - 471
PHOENIX, AZ 85016 US**FEI Number: NOT APPLICABLE****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS ST
TALLAHASSEE, FL 32301 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	TREASURER
Name	HOBBS, BRIAN
Address	2942 N 24TH ST. STE. 114 - 471
City-State-Zip:	PHOENIX AZ 85016

Title	SECRETARY
Name	HOBBS, BRIAN
Address	2942 N 24TH ST. STE. 114 - 471
City-State-Zip:	PHOENIX AZ 85016

Title	PRESIDENT / CEO
Name	ABBOTT, DOUG
Address	2942 N 24TH ST. STE. 114 - 471
City-State-Zip:	PHOENIX AZ 85016

Title	DIRECTOR
Name	HOBBS, BRIAN
Address	2942 N 24TH ST. STE. 114 - 471
City-State-Zip:	PHOENIX AZ 85016

Title	DIRECTOR
Name	ABBOTT, DOUG
Address	2942 N 24TH ST. STE. 114 - 471
City-State-Zip:	PHOENIX AZ 85016

Title	VP
Name	ROGERS, MIKE
Address	2942 N 24TH ST. STE. 114 - 471
City-State-Zip:	PHOENIX AZ 85016

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: DOUG ABBOTT**PRESIDENT****01/04/2022**

Electronic Signature of Signing Officer/Director Detail

Date