

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000011297

FILED  
Mar 31, 2010  
Secretary of State

**Entity Name:** HEALTH THROUGH WALLS, INC.

**Current Principal Place of Business:**

12555 BISCAYNE BLVD., STE. 955  
NORTH MIAMI, FL 33181

**New Principal Place of Business:**

**Current Mailing Address:**

12555 BISCAYNE BLVD., STE. 955  
NORTH MIAMI, FL 33181

**New Mailing Address:**

**FEI Number:** 55-0909719

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

MAY, JOHN P.  
13240 N. BAYSHORE DR.  
NORTH MIAMI, FL 33181 US

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

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

**OFFICERS AND DIRECTORS:**

**Title:** DP  
**Name:** MAY, JOHN P.  
**Address:** 13240 N. BAYSHORE DR.  
**City-St-Zip:** N. MIAMI, FL 33181

**Title:** DV  
**Name:** KARSHAN, MICHELLE  
**Address:** 70A GREENWICH AVE., BOX 373  
**City-St-Zip:** NEW YORK, NY 10011

**Title:** D  
**Name:** DEAL, ANGELA  
**Address:** 2300 NW 6TH STREET  
**City-St-Zip:** POMPANO BEACH, FL 33069

**Title:** D  
**Name:** THOMAS, DAVID L.  
**Address:** 3200 S. UNIVERSITY DR., 4TH FLOOR  
**City-St-Zip:** FT. LAUDERDALE, FL 33328

**Title:** D  
**Name:** DORSAINVIL, PIERRE  
**Address:** 600 N. CONGRESS AVE., STE. 430A  
**City-St-Zip:** DEL RAY BEACH, FL 33445

**Title:** ST  
**Name:** ANDREWS, MARK C.  
**Address:** 13240 N. BAYSHORE DR.  
**City-St-Zip:** N. MIAMI, FL 33181

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:** JOHN P. MAY

DP

03/31/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date