

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000003290

Entity Name: HEALTH BY DESIGN USA, INC.

Current Principal Place of Business:

1150 E. PLANT STREET
SUITE C
WINTER GARDEN, FL 34777

Current Mailing Address:

PO BOX 770568
WINTER GARDEN , FL 34777 US

FEI Number: 30-0681261

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

SMITH, PATRICIA P PHD
1806 NATCHEZ TRACE BLVD
ORLANDO, FL 32818 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: PATRICIA P. SMITH

02/27/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title CEO
Name SMITH, PATRICIA DR.
Address 1806 NATCHEZ TRACE BLVD
City-State-Zip: ORLANDO FL 32818

Title COO/BOOKKEEPER
Name ROSE, SHANTAL
Address 1806 NATCHEZ TRACE BLVD
City-State-Zip: ORLANDO FL 32818

Title ASST. SECRETARY
Name KERR, EILEEN
Address 4838 VICTORY DRIVE
City-State-Zip: ORLANDO FL 32808

Title SECRETARY
Name THOMAS, MAISIE
Address 574 KARMA AVE
City-State-Zip: WINTER GARDEN FL 34787

Title OFFICER, TECHNOLOGY
Name SMITH, JEREMY R.
Address 2204 THE VALLEY NE
City-State-Zip: ATLANTA GA 30328

Title PROJECT MANAGER
Name REID, VINCENT O.
Address 102 DAVIDSON STREET
City-State-Zip: WYANDANCH NY 11798

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: PATRICIA P. SMITH

CEO

02/27/2024

Electronic Signature of Signing Officer/Director Detail

Date