

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12000010691

Entity Name: HEALTH CARE REFORM CENTER AND POLICY INSTITUTE INC.

Current Principal Place of Business:

4371 NORTHLAKE BLVD
SUITE 331
PALM BEACH GARDENS, FL 33410

Current Mailing Address:

4371 NORTHLAKE BLVD
SUITE 331
PALM BEACH GARDENS, FL 33410

FEI Number: APPLIED FOR

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

EDELHEIT, JONATHAN
4371 NORTHLAKE BLVD
SUITE 331
PALM BEACH GARDENS, FL 33410 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 P
Name EDELHEIT, JONATHAN
Address 4371 NORTHLAKE BLVD, SUITE 331
City-State-Zip: PALM BEACH GARDENS FL 33410

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: JONATHAN EDELHEIT

PRESIDENT

02/04/2016

Electronic Signature of Signing Officer/Director Detail

Date