2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2022
Secretary of State
6705583215CC

DOCUMENT# N12000012003

Entity Name: HELP A DIABETIC CHILD INC.

Current Principal Place of Business:

28026 SOSTA LN
#1
BONITA SPRINGS, FL 34135

Current Mailing Address:

PO BOX 110161
NAPLES, FL 34108 US

FEI Number: 46-1652118

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

UNITED STATES CORPORATION AGENTS, INC.
5575 S. SEMORAN BLVD.
SUITE 36
ORLANDO,, FL 32822 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	PRESIDENT, TREASURER
Name	BALAVAGE, TAMI
Address	28026 SOSTA LN #1
City-State-Zip:	BONITA SPRINGS FL 34135

Title	DIRECTOR
Name	BALAVAGE, MICHAEL
Address	PO BOX 110161
City-State-Zip:	NAPLES FL 34108

Title	DIRECTOR
Name	PIGANELLI, JON PHD
Address	CHILDREN'S HOSPITAL OF PITTSBURGH AT UPMC RANGOS RESEARCH CENTER 6125, 4401 PENN AVE
City-State-Zip:	PITTSBURGH PA 15224

Title	DIRECTOR
Name	MARRERO, DAVID PHD
Address	1295 N MARTIN AVE CAMPUS PO BOX 245209 DRACHMAN HALL A252
City-State-Zip:	TUCSON AZ 85724-5163

Title	SD
Name	BALAVAGE, KRISTI
Address	PO BOX 110161
City-State-Zip:	NAPLES FL 34108

Title	DIRECTOR
Name	BRUSKO, TODD PHD
Address	1275 CENTER DRIVE BIOMEDICAL SCIENCE BUILDING
City-State-Zip:	GAINESVILLE FL 32611

Title	DIRECTOR
Name	WAGNER, DAVID PHD
Address	DIVISION OF PULMONARY MEDICINE AND CRITICAL CARE, DEPARTMENT OF MEDICINE UNIVERSITY OF COLORADO DENVER 12800 EAST 19TH AVE
City-State-Zip:	AURORA CO 80045

Title	DIRECTOR
Name	RODRIGUEZ, HENRY MD
Address	12901 BRUCE B DOWNS BLVD. MDC 62
City-State-Zip:	TAMPA FL 33612

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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: TAMI BALAVAGE PRESIDENT 01/11/2022

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	READ-BOTTHOF, PAT
Address	9121 TROON LAKE DRIVE
City-State-Zip:	NAPLES FL 34109

Title	DIRECTOR
Name	LOHMAN, LOWELL
Address	1210 JOHN ANDERSON DRIVE
City-State-Zip:	ORMAND BEACH FL

Title	DIRECTOR
Name	SCHATZ, DESMOND MD
Address	1275 CENTER DRIVE BIOMEDICAL SCIENCE BUILDING GAINESVILLE, FL 32611 BIOMEDICAL SCIENCE BUILDING
City-State-Zip:	GAINESVILLE FL 32611