

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N13000001685

**Entity Name:** HEALTH IN THE HOOD INC.

**Current Principal Place of Business:**

HEALTH IN THE HOOD  
1600 NW 3RD AVE.  
MIAMI, FL 33136

**Current Mailing Address:**

HEALTH IN THE HOOD  
900 BISCAYNE BLVD 2402  
MIAMI, FL 33132 US

**FEI Number:** 46-1932284

**Certificate of Status Desired:** No

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

LORING, ASHA  
HEALTH IN THE HOOD  
900 BISCAYNE BLVD 2402  
MIAMI, FL 33132 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 D  
Name MALDONADO, PATRICIA  
Address 1901 BRICKELL AVE  
City-State-Zip: MIAMI FL 33129

Title D  
Name KIRSNER, DANIELLE  
Address 601 BISCAYNE BLVD  
City-State-Zip: MIAMI FL 33132

Title CEO  
Name LORING, ASHA  
Address 275 NE 18TH ST., #309  
City-State-Zip: MIAMI FL 33132

*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:** ASHA LORING

CEO

04/30/2014

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date