

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N13000001685

**Entity Name:** HEALTH IN THE HOOD INC.**Current Principal Place of Business:**ASHA WALKER  
2045 BISCAYNE BLVD SUITE 246  
MIAMI, FL 33137**Current Mailing Address:**ASHA WALKER  
2045 BISCAYNE BLVD SUITE 246  
MIAMI, FL 33137 US**FEI Number:** 46-1932284**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**WALKER , ASHA  
ASHA WALKER  
2020 N BAYSHORE DR 4102  
MIAMI, FL 33137 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:** ASHA WALKER

01/12/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	SECRETARY
Name	KIRSNER, DANIELLE
Address	1330 WEST AVE 2404
City-State-Zip:	MIAMI BEACH FL 33139

Title	CEO, FOUNDER
Name	WALKER, ASHA
Address	ASHA WALKER 2020 N BAYSHORE DR 4102
City-State-Zip:	MIAMI FL 33137

Title	BOARD CHAIR
Name	SHEFFIELD, LISA
Address	3651 COLLINS AVE 300
City-State-Zip:	MIAMI BEACH FL 33140

Title	COO
Name	PITTELMAN, RACHEL MARLEY
Address	16750 NE 10TH AVE 116
City-State-Zip:	NORTH MIAMI BEACH FL 33162

Title	CHIEF OF STAFF
Name	LESLIAK, HILARY
Address	125 NE 32ND ST APT 706
City-State-Zip:	MIAMI FL 33137

*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:** HILARY LESIAK**CHIEF OF STAFF**

01/12/2024

Electronic Signature of Signing Officer/Director Detail

Date