2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2020
Secretary of State
2663314258CC

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Entity Name: THE HEALTHCARE LEARNING AND PERFORMANCE CENTER, CORP.

Current Principal Place of Business:

10500 SW 108TH AVE
B213
MIAMI, FL 33176

Current Mailing Address:

8901 SW 157TH AVE
#16-158
MIAMI, FL 33196 US

FEI Number: 47-4929368

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MARTINEZ, ARMANDO
10500 SW 108TH AVE
B213
MIAMI, FL 33176 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: ARMANDO MARTINEZ 01/29/2020

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	DIRECTOR, CEO
Name	MARTINEZ, ARMANDO
Address	10500 SW 108TH AVE B213
City-State-Zip:	MIAMI FL 33176

Title	DIRECTOR, PRESIDENT
Name	PETERSEN, CHERI
Address	701 NORTH MAIN STREET #1B
City-State-Zip:	COLVILLE WA 99114

Title	DIRECTOR
Name	TA, ANDREW
Address	3101 ROYAL PALM AVE
City-State-Zip:	MIAMI BEACH FL 33140

Title	DIRECTOR
Name	SAMUEL, LAWANDA
Address	2600 SW 144 AVE ROAD #306
City-State-Zip:	HOMESTEAD FL 33032

Title	DIRECTOR
Name	NASCIMENTO, FABIO
Address	800 NE 195TH ST #502
City-State-Zip:	MIAMI FL 33179

Title	DIRECTOR, CHAIRMAN
Name	LEAÑO, RICARDO
Address	5440 N. OCEAN DR. APT 902
City-State-Zip:	RIVIERA BEACH FL 33404

Title	DIRECTOR, CLERK
Name	RODRIGUEZ, CLAUDIA
Address	11561 SW 82 TER
City-State-Zip:	MIAMI FL 33173

Title	DIRECTOR
Name	MEDRANO, CARMEN
Address	10034 137 PL
City-State-Zip:	MIAMI FL 33186

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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: ARMANDO MARTINEZ CEO 01/29/2020

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	DIRECTOR, TREASURER
Name	PEREZ, JONATAN
Address	6395 SW 42 TER
City-State-Zip:	MIAMI FL 33155