

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N15000009955

Entity Name: OPTIMAL HEALTH FOUNDATION INC**Current Principal Place of Business:**17235 NW 27TH AVE
MIAMI GARDENS, FL 33056**Current Mailing Address:**17235 NW 27TH AVE
MIAMI GARDENS, FL 33056 US**FEI Number:** 81-1656942**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**HARRIS, KRISTEN
3261 CRYSTAL WAY
MIRAMAR, FL 33025 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:** KRISTEN HARRIS

04/30/2022

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name HARRIS, KRISTEN D DR.
Address 18830 NW 29TH AVE
City-State-Zip: MIAMI GARDENS FL 33056

Title VICE PRESIDENT
Name HOLLIST, ABRAHAM O DR.
Address 3261 CRYSTAL WAY
City-State-Zip: MIRAMAR FL 33025

Title BOARD MEMBER
Name HOLLIST, MARY O DR.
Address 3631 STONELEIGH DRIVE
City-State-Zip: LANSING MI 48910

Title BOARD MEMBER
Name AUGUSTE, KENDRA PHD
Address 4251 NW 196TH ST
City-State-Zip: MIAMI GARDENS FL 33055

Title BOARD MEMBER
Name ROY, BRITTNEY DR.
Address 8931 N LAKE MIRAMAR CIRCLE
City-State-Zip: MIAMI GARDENS FL 33025

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: KRISTEN HARRIS

PRESIDENT

04/30/2022

Electronic Signature of Signing Officer/Director Detail

Date