

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N16000005912

**Entity Name:** HEALTHFREE, INC.

**Current Principal Place of Business:**

152 NE 167TH STREET, SUITE 500  
NORTH MIAMI BEACH, FL 33162

**Current Mailing Address:**

152 NE 167TH STREET, SUITE 500  
NORTH MIAMI BEACH, FL 33162 US

**FEI Number:** 81-2935234

**Certificate of Status Desired:** No

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

WEINSTEIN, EDWARD ESQ.  
152 NE 167TH STREET, SUITE 500  
CIVIL TRIAL PRACTICE  
NORTH MIAMI BEACH, FL 33162 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:** EDWARD WEINSTEIN

03/17/2021

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PRES  
Name AELION, DAVID ESQ.  
Address 152 NE 167TH STREET, SUITE 500  
City-State-Zip: NORTH MIAMI BEACH FL 33162

Title INCORPORATOR  
Name WEBER, DOUGLAS  
Address PO BOX 3555  
City-State-Zip: APOLLO BEACH FL 33572

Title TS  
Name WEINSTEIN, EDWARD  
Address 152 NE 167TH STREET, SUITE 500  
City-State-Zip: NORTH MIAMI BEACH FL 33162

Title D  
Name ROBBINS, DAVID A MD  
Address 152 NE 167TH STREET, SUITE 500  
City-State-Zip: NORTH MIAMI BEACH FL 33162

Title D  
Name FAJARDO, VIVIAN P PH D  
Address 152 NE 167TH STREET, SUITE 500  
City-State-Zip: NORTH MIAMI BEACH FL 33162

*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:** DAVID MAURICE AELION

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03/17/2021

Electronic Signature of Signing Officer/Director Detail

Date