

2019 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: Yes

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:

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: EDWARD S. WEINSTEIN

**TREASURER AND
SECRETARY**

01/30/2019

Electronic Signature of Signing Officer/Director Detail

Date