

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N16000008946

**Entity Name:** HEALTH AND DIVERSITY INC.

**Current Principal Place of Business:**

13986 SW 276TH ST  
HOMESTEAD, FL 33032

**Current Mailing Address:**

13986 SW 276TH ST  
HOMESTEAD, FL 33032

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

TRIBIE, MIREILLE  
13986 SW 276TH ST  
HOMESTEAD, FL 33032 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 P  
Name TRIBIE, MIREILLE  
Address 13986 SW 276TH ST  
City-State-Zip: HOMESTEAD FL 33032

Title VP  
Name BARTHOLE, PAUL A  
Address 13986 SW 276TH ST  
City-State-Zip: MIAMI FL 33032

Title S  
Name LAUREANO, MANUEL D  
Address 13986 SW 276TH ST  
City-State-Zip: HOMESTEAD FL 33032

*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:** MIREILLE TRIBIE

**PRESIDENT**

**07/16/2020**

Electronic Signature of Signing Officer/Director Detail

Date