2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N17000006517

Entity Name: HEALTHCARE BROADCAST CHANNEL CORPORATION OF

FLORIDA

FILED Sep 04, 2018 Secretary of State CC8971410113

Current Principal Place of Business:

2215 N. MILITARY TRAIL

SUITE N

WEST PALM BEACH, FL 33409

Current Mailing Address:

2215 N. MILITARY TRAIL SUITE N WEST PALM BEACH, FL 33409

FEI Number: 82-1799380 Certificate of Status Desired: No.

Name and Address of Current Registered Agent:

LESLIE, EWAN G 2215 N. MILITARY TRAIL SUITE N WEST PALM BEACH, FL 33409 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:

Date Electronic Signature of Registered Agent

Officer/Director Detail:

Title **PRES** Title

LESLIE, JENNIFER Name Name WHYTE, NORMAN DR.

Address 2215 N. MILITARY TRAIL, SUITE N Address 2215 N. MILITARY TRAIL. SUITE N

City-State-Zip: WEST PALM BEACH FL 33409 City-State-Zip: WEST PALM BEACH FL 33409

Title **SECY** Title **TREA**

Name ODOH, NGOZI DR Name LESLIE, EWAN G

2215 N. MILITARY TRAIL, SUITE N Address Address 2215 N. MILITARY TRAIL, SUITE N WEST PALM BEACH FL 33409

City-State-Zip: City-State-Zip: WEST PALM BEACH FL 33409

OFFICER Title Title VΡ

BEAULIEU, PATRICIA Name Name NTEKIM, KATHERINE DR. Address 2215 N. MILITARY TRAIL 2215 N. MILITARY TRAIL Address

SUITE N SUITE N

City-State-Zip: WEST PALM BEACH FL 33409 City-State-Zip: WEST PALM BEACH FL 33409

Title **OFFICER** Title **OFFICER**

Name SAINTABLE, SABINE DR. OBALARIN, ADEYINKA Name Address 2215 N. MILITARY TRAIL Address 2215 N. MILITARY TRAIL

SUITE N SUITE N

WEST PALM BEACH FL 33409 City-State-Zip: WEST PALM BEACH FL 33409 City-State-Zip:

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.

09/04/2018 PRESIDENT SIGNATURE: JENNIFER LESLIE