

**2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P13000040310

**Entity Name:** HEALTH EX DEVELOPMENT, INC.

**Current Principal Place of Business:**

TEMP ADDRESS: 110 N CORCORAN STREET  
1701  
DURHAM, NC 27701

**FILED**  
**Apr 21, 2022**  
**Secretary of State**  
**0431780503CC**

**Current Mailing Address:**

110 N CORCORAN ST  
1701  
DURHAM, NC 27701 US

**FEI Number: 46-2693403**

**Certificate of Status Desired: No**

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

BERNSTEIN, JOEL F  
TEMP ADDRESS: 110 N. CORCORAN STREET  
1701  
DURHAM, FL 27701 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, D  
Name BERNSTEIN, JOEL  
Address TEMP ADDRESS: 110 N CORCORAN STREET  
1701  
City-State-Zip: DURHAM NC 27701

Title T  
Name BERNSTEIN, JOEL  
Address TEMP ADDRESS: 110 N CORCORAN STREET  
1701  
City-State-Zip: DURHAM NC 27701

Title S  
Name BERNSTEIN, JOEL  
Address TEMP ADDRESS: 110 N CORCORAN STREET  
1701  
City-State-Zip: DURHAM NC 27701

*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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: JOEL BERNSTEIN**

**PRINCIPAL**

**04/21/2022**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date