

**2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F15000002322

**Entity Name:** HEALTH HUB, INC.

**Current Principal Place of Business:**

1423 SHORE DRIVE  
NEW YORK, NY 10465

**Current Mailing Address:**

1423 SHORE DRIVE  
BRONX, NY 10465 US

**FEI Number: 45-5339610**

**Certificate of Status Desired: No**

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

GALTERIO, LOU  
5020 CLARK ROAD  
127  
SARASOTA, FL 34233 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	CHRM	Title	PST
Name	GALTERIO, LOU	Name	GALTERIO, LOU
Address	2453 NIMBUS DRIVE	Address	2453 NIMBUS DRIVE
City-State-Zip:	NORTH PORT FL 34287	City-State-Zip:	NORTH PORT FL 34287

*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: LOUIS GALTERIO**

**PRESIDENT**

**04/28/2024**

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

\_\_\_\_\_  
Date