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CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N47682 (2)

1. Corporation Name

HEALTHY START PRENATAL AND INFANT HEALTH CARE CO ALITION OF PALM BEACH COUNTY, INC.

Principal Place of Business	Mailing Address
3111 S. DIXIE HIGHWAY #150 WEST PALM BEACH FL 33405 US	3111 S. DIXIE HIGHWAY #150 WEST PALM BEACH FL 33405 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/03/1992
3a. Date of Last Report: 03/29/1994
4. FEI Number: 65-0327765 ☐ Applied For ☐ Not Applicable

	Principal Place of Business	Mailing Address
2. / 2a.	21 1500 N Florida Mango	26 1500 N Florida Mango Rd
Suite, Apt. #, etc.	22 # 3	27 # 3
City & State	23 WPB Florida	28 WPB Florida
Zip / Country	24 33409 / 25 P.B	29 33409 / 30 P.B.

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CLEMENS, KATHLEEN
3111 S. DIXIE HIGHWAY
SUITE #150
WEST PALM BEACH FL 33405

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City — FL — 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Kathleen Clemens, Executive Director — 1/20/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HACKETT, BEVERLY 3111 S. DIXIE HIGHWAY, SUITE 243 WEST PALM BEACH FL	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	D SAME	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MALECKI, JEAN M PO BOX 29 N/A WEST PALM BEACH FL	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	D Cynthia Dent-Kennedy P.O. Box 29 N/A WPB FL 33402	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T MARY FAQUIR, 6911 CARISSA CIRCLE LAKE CLARKE SHORES FL 33406	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	D SAME	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Kathleen Clemens — 1/20/95 — 407/478/3119
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Kathleen Clemens

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