

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N51412

FILED
Jan 06, 2003
Secretary of State

Entity Name: ESCAMBIA COUNTY HEALTHY START COALITION, INC.

Current Principal Place of Business:

5625 DIXIE DR
SUITE 3
PENSACOLA, FL 32503 US

New Principal Place of Business:

Current Mailing Address:

5625 DIXIE DR
SUITE 3
PENSACOLA, FL 32503 US

New Mailing Address:

FEI Number: 59-3151838 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOLLEY, DOROTHY J
5625 DIXIE DR SUITE 3
SUITE 25-B
PENSACOLA, FL 32503 US

Name and Address of New Registered Agent:

TROCKI, DEBORAH A
5625 DIXIE DR SUITE 3
SUITE 25-B
PENSACOLA, FL 32503 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: NORMA THOMPSON 01/06/2003
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MCHUGH, JOHN J DO
Address: PO BOX 2766 5045 CARPENTER CREEK
City-St-Zip: PENSACOLA, FL 325132766

Title: ED () Delete
Name: TROCKI, DEBORAH A MSW
Address: 5625 DIXIE DRIVE STE 3
City-St-Zip: PENSACOLA, FL 32503

Title: SD () Delete
Name: DARDEN, MELBA
Address: 5151 N 9TH AVE
City-St-Zip: PENSACOLA, FL 32503

Title: TD () Delete
Name: PORTER, JOHN T
Address: 1000 W MORENO ST
City-St-Zip: PENSACOLA, FL 32501

Title: VD () Delete
Name: FISHMAN, LOEL A MD
Address: 4400 BAYOU BLVD, SUITE 36
City-St-Zip: PENSACOLA, FL 32503

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: FISHMAN, LOEL A MD
Address: 4400 BAYOU BOULEVARD, SUITE 36
City-St-Zip: PENSACOLA, FL 325032766

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: HOLCOMB, PAULA
Address: 4400 BAYOU BLVD. SUITE 30-B
City-St-Zip: PENSACOLA, FL 32503

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change () Addition
Name: BENNETT, DONNA MD
Address: 4220 N DAVIS HWY, BLDG A
City-St-Zip: PENSACOLA, FL 32503

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: DEBORAH TROCKI ED 01/06/2003
Electronic Signature of Signing Officer or Director Date