

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 04, 2001 08:00 AM****Secretary of State****DOCUMENT # N47517**1. Entity Name
CENTRAL HEALTHY START, INCORPORATED

Principal Place of Business 18 NW 33RD COURT GAINESVILLE FL 32607	Mailing Address 18 NW 33RD COURT SUITE 7 GAINESVILLE FL 32607
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2. Principal Place of Business 18 NW 33RD COURT Suite, Apt. #, etc.	3. Mailing Address 18 NW 33RD COURT Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State GAINESVILLE FL	City & State GAINESVILLE FL	4. FEI Number 59-3119439	Applied For <input type="checkbox"/> Not Applicable
Zip 32607	Country US	Zip 32607	Country US
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent ORSINI EDITH M 18 NW 33RD COURT GAINESVILLE FL 32607 US	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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8. 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 **EDITH M. ORSINI** **04/04/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling) DATE

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KNIGHT PAULA 1489 SOUTH US 301 SUMTERVILLE FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PIDGEON DIANA PO BOX 98 BUSHNELL FL 33513 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PELLETIER BETTEANN 10461 QUALITY DRIVE SPRINGHILL FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PELLETIER BETTEANN 10461 QUALITY DRIVE SPRINGHILL FL 34609 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD COULSON MYRNA 416 W MAIN STREET TAVARES FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD THALL ALLISON 600 E DIXIE HIGHWAY LEESBURG FL 34748 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NAYFIELD MARYBETH 3700 W SOVEREIGN PATH LECANTO FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NAYFIELD MARYBETH 3700 W SOVEREIGN PATH LECANTO FL 34461 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **MARYBETH NAYFIELD** PD **04/04/2001**

CR2E037 (11/00)