2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 14, 2002 8:00 AM
Secretary of State

DOCUMENT# N47517

Entity Name: CENTRAL HEALTHY START, INCORPORATED

Current Principal Place of Business:

18 NW 33RD COURT
GAINESVILLE, FL 32607 US

New Principal Place of Business:

Current Mailing Address:

18 NW 33RD COURT
GAINESVILLE, FL 32607 US

New Mailing Address:

FEI Number: 59-3119439 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ORSINI, EDITH M
18 NW 33RD COURT
GAINESVILLE, FL 32607 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: NAYFIELD, MARYBETH
Address: 3700 W SOVEREIGN PATH
City-St-Zip: LECANTO, FL 34461 US

Title: VD ( ) Delete
Name: THALL, ALLISON
Address: 600 E DIXIE HIGHWAY
City-St-Zip: LEESBURG, FL 34748 US

Title: SD ( ) Delete
Name: PELLETIER, BETTEANN
Address: 10461 QUALITY DRIVE
City-St-Zip: SPRINGHILL, FL 34609 US

Title: TD ( ) Delete
Name: PIDGEON, DIANA
Address: PO BOX 98
City-St-Zip: BUSHNELL, FL 33513 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: THALL, ALLISON
Address: 600 E DIXIE HIGHWAY
City-St-Zip: LEESBURG, FL 34748 US

Title: VD (X) Change ( ) Addition
Name: RAGS, JEAN
Address: 20 N MAIN STREET ROOM 202
City-St-Zip: BROOKSVILLE, FL 34601 US

Title: SD (X) Change ( ) Addition
Name: BRANNON, LEE
Address: 3700 W SOVEREIGN PATH
City-St-Zip: LECANTO, FL 344618071 US

Title: TD (X) Change ( ) Addition
Name: PELLETIER, BETTE ANN
Address: 10461 QUALITY DRIVE
City-St-Zip: SPRINGHILL, FL 34609 US

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: ALLISON THALL PD 03/14/2002

Electronic Signature of Signing Officer or Director — Date