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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

DOCUMENT #
1. Corporation Name N47682

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

FILED Apr 15 1998 8:00am Secretary of State

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Principal Place of Business Mailing Address			1 I IOBRIKO) OKI BEDIL KORIO GRIDI IBIID KRAF OKBIL BIBLI \$	HADI ANDY DIDII EYDY IDDI
1500 N FLORIDA MANGO #3	1500 N FLORIDA MANGO #3		3. Date Incorporated or Qualified 03/03/1992	
WEST PALM BEACH FL 33409 US	WEST PALM BEACH FL 33409 US		4. FEI Number 65-0327765	Applied For Not Applicable
2. Principal Place of Business 21 2715 N. AUSTRALIAN AU	2a. Mailing Address 2a. 2-715 N. Austrau	AN Ave		\$8.75 Additional Fee Required
Sulte, Apt. #, etc. 22 Suite 10	Sulte, Apt, #, etc. 27 Switc. 101		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
City & State WEST PALM BEACH, FL	20 WEST PALM BEACH, FL		7. Is this nonprofit corporation a homeowners association? Yes No	
24 33407 25 Country 25 USA		US A		Yes No
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent		
T1M 00 D1T0/014 L 200		81 Name		
TAYLOR, PATRICIA I ESQ 73 S.W. FLAGLER AVENUE			Street Address (P.O. Box Number is Not Acceptable)	
STUART FL 34994	Į	63		
		84 City	FL	85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. X DELETE TITLE Change 1 1 T(T) F ONEN, SANDY III SAPODICLA OWEN, SANDY NAME 1.2 NAME 111 SAPODILLA AVE. STREET ADDRESS 1.3 STREET ADDRESS WEST PALM BEACH, FL 33401 WEST PALM BEACH FL 33401 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE TITLE 2.1 TITLE FINK, HANNA PALMER, TAP TANYA NAME 2.2 NAME 50me 401 2101 W. COMMERCIAL BLVD., STE. 1100 A STREET ADDRESS 2.3 STREET ADDRESS FT. LAUDERDALE FL West Palm 33401 CITY-ST-ZIP 2.4 CITY-ST-ZIP ☐ DELETE TITLE PD 3.1 TITLE D EBBOLE, TANK 1919 N. FLAGLER DR FAQUIR, MARY NAME 3.2 NAME **6911 CARISSA CIRCLE** STREET ADDRESS 3.3 STREET ADDRESS WEST PALM BEACH FL 33401 LAKE CLARKE SHORES FL 33406 3.4. CITY-ST-ZIP CITY-ST-ZIP TITLE ■ DELETE 4.1 TITLE ALPERIN, DIANE NAME MCCRAY, BARBARA 4.2 NAME FLORIDA ATLANTIC UNIVERSITY 2000 PRESIDENTIAL WAY #803 STREET ADDRESS 4.3 STREET ADDRESS BOCA PATON, WEST PALM BEACH FL 33401 4.4 CITY-ST-ZIP CITY-ST-ZIP TITLE DELETE 5.1 TITLE Change MOORE-WILLIAMS, AUTRIE NAME 5.2 NAME 425 WEST CANÁL STREET ADDRESS 5.3 STREET ADDRESS NOETH 3430 CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS** 6.4 CITY-ST-ZIP CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 countries.

SIGNATURE:

5616558380