2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Oct 27, 2008
Secretary of State

DOCUMENT# N49152

Entity Name: MARTIN COUNTY HEALTHY START COALITION, INC.

Current Principal Place of Business:

2026 SE OCEAN BLVD
STUART, FL 34996 US

New Principal Place of Business:

Current Mailing Address:

2026 SE OCEAN BLVD
STUART, FL 34996 US

New Mailing Address:

FEI Number: 65-0359999 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

OLDS, LISA
2026 SE OCEAN BLVD
STUART, FL 34996 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: LISA OLDS

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	DP	( ) Delete
Name:	STEELE, DARREN	
Address:	3601 SE OCEAN BLVD STE 004	
City-St-Zip:	STUART, FL 34956	
Title:	DVP	( ) Delete
Name:	MAJOR, KIM	
Address:	830 MARTIN LUTHER KING BLVD	
City-St-Zip:	STUART, FL 34994	
Title:	DS	( ) Delete
Name:	KAISER, CHRISTINA	
Address:	10570 S FREDRAL HWY STE 30	
City-St-Zip:	PORT SAINT LUCIE, FL 34952	
Title:	DT	( ) Delete
Name:	ABRAMOWICZ, GARY	
Address:	4958 SW LAKE GROOVE CIRCLE	
City-St-Zip:	PALM CITY, FL 34990	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: KIM MAJOR DVP 10/27/2008

Electronic Signature of Signing Officer or Director — Date