

2012 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
May 24, 2012
Secretary of State

DOCUMENT# N49152

Entity Name: MARTIN COUNTY HEALTHY START COALITION, INC.**Current Principal Place of Business:**101 SE CENTRAL PARKWAY
STUART, FL 34994 US**New Principal Place of Business:****Current Mailing Address:**2026 SE OCEAN BLVD
STUART, FL 34996 US**New Mailing Address:**101 SE CENTRAL PARKWAY
STUART, FL 34994 US**FEI Number:** 65-0359999**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**BERRY, SCOTT R
2026 101 SE CENTRAL PARKWAY
STUART, FL 34994 US**Name and Address of New Registered Agent:**BERRY, SCOTT R
101 SE CENTRAL PARKWAY
STUART, FL 34994 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: _____

05/24/2012

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP
Name: MARTINEZ, DALE
Address: 5755 SE US HIGHWAY 1
City-St-Zip: STUART, FL 34997

Title: DVPT
Name: YOUNGBLOOD, KEVEN R
Address: 337 SW OTTER RUN PLACE
City-St-Zip: STUART, FL 34997

Title: DS
Name: WHITE, TINA
Address: 2311 SW ESSEX COURT
City-St-Zip: PALM CITY, FL 34990

Title: IPP
Name: MAJOR, KIM
Address: 830 MARTIN LUTHER KING BLVD
City-St-Zip: STUART, FL 34994

I hereby 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 all other like empowered.

SIGNATURE: DALE MARTINEZ

DP

05/24/2012

Electronic Signature of Signing Officer or Director

Date