

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N12000006372

**Entity Name:** HEALTHY START MOMCARE NETWORK, INC.**Current Principal Place of Business:**2002 OLD ST AUGUSTINE RD STE E-45  
TALLAHASSEE, FL 32301**Current Mailing Address:**2002 OLD ST. AUGUSTINE ROAD  
SUITE E-45  
TALLAHASSEE, FL 32301 US**FEI Number:** 46-1801239**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**TIMUTA, CATHERINE  
2002 OLD ST AUGUSTINE RD STE E-45  
TALLAHASSEE, FL 32301 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:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            VITUCCI, JUDI  
Address        11515 54TH AVE. N  
City-State-Zip: SEMINOLE FL 33772

Title            TREASURER  
Name            FORD, LONA  
Address        2156 GAME BIRD COURT  
City-State-Zip: TALLAHASSEE FL 32311

Title            VP  
Name            ROSIER, SHANNON  
Address        C/O ROSIER & COMPANY, INC.  
                 1882 CAPITAL CIRCLE NE SUITE 102  
City-State-Zip: TALLAHASSEE FL 32308

Title            SECRETARY  
Name            CLOSE, FRAN  
Address        C/O FAMU HUMPHRIES SCIENCE  
                 RESEARCH CENTER  
                 1601 SOUTH MLK JR BLVD 209A  
City-State-Zip: TALLAHASSEE FL 32307

Title            CEO  
Name            TIMUTA, CATHERINE  
Address        2002 OLD ST. AUGUSTINE ROAD  
                 E-45  
City-State-Zip: TALLAHASSEE FL 32301

Title            COO  
Name            CHANG, KAREN  
Address        2002 OLD ST AUGUSTINE RD STE E-  
                 45  
City-State-Zip: TALLAHASSEE FL 32301

*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:** KAREN CHANG

COO

04/13/2023

Electronic Signature of Signing Officer/Director Detail

Date