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: JOHN TSCHIRHART

Electronic Signature of Signing Officer/Director Detail

7147 CONGRESS STREET NEW PORT RICHEY. FL 34653 US

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

Entity Name: HEALTHY START MOMCARE NETWORK, INC.

## FEI Number: 46-1801239

**Current Mailing Address:** 

7147 CONGRESS STREET NEW PORT RICHEY, FL 34653

DOCUMENT# N1200006372

**Current Principal Place of Business:** 

## Name and Address of Current Registered Agent:

ZIMMERMANN, MARTHA 5907 BERRYHILL ROAD MILTON, FL 32570 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	: MARTHA ZIMMERMANN			04/23/2014
	Electronic Signature of Registered Agent			Date
Officer/Direc	ctor Detail :			
Title	PRESIDENT	Title	SECRETARY	
Name	MCWHIRTER, PATRICIA	Name	MODERIE, JULIE	
Address	1014 PENNSYLVANIA AVENUE	Address	1785 NW 80TH BLVD.	
City-State-Zip:	SAINT CLOUD FL 34769	City-State-Zip:	GAINESVILLE FL 32606	
Title	TREASURER	Title	VP	
Name	TSCHIRHART, JOHN	Name	FERMIN, MANUEL E	
Address	7147 CONGRESS STREET	Address	7205 N. W. 19TH STREET SUITE 500	
City-State-Zip:	NEW PORT RICHEY FL 34653	City-State-Zip:		
Title	BOARD MEMBER	Title	BOARD MEMBER	
Name	FOX, EVIE	Name	ZIMMERMANN, MARTHA	
Address	201 MIRACLE STRIP PARKWAY SE SUITE C	Address	5907 BERRYHILL ROAD	
City-State-Zip:	FORT WALTON BEACH FL 32548	City-State-Zip:	MILTON FL 32570	

Certificate of Status Desired: Yes

## FILED Apr 23, 2014 Secretary of State CC5813016651

04/23/2014 Date

TREASURER