

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12000006372

Entity Name: HEALTHY START MOMCARE NETWORK, INC.**Current Principal Place of Business:**1311 NORTH PAUL RUSSELL ROAD
SUITE A204-D
TALLAHASSEE, FL 32301**Current Mailing Address:**1311 NORTH PAUL RUSSELL ROAD
SUITE A204-D
TALLAHASSEE, FL 32301 US**FEI Number:** 46-1801239**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BRACHER, JAMES J
1311 NORTH PAUL RUSSELL ROAD
SUITE A204-D
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:** JAMES J. BRACHER

03/05/2017

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name ZIMMERMAN, MARTHA
Address 5907 BERRYHILL ROAD
City-State-Zip: MILTON FL 32570

Title VP
Name MODERIE, JULIE
Address 1785 NW 80TH BLVD
City-State-Zip: GAINESVILLE FL 32606

Title TREASURER
Name MORGESE, DIXIE
Address 109 EXECUTIVE CIRCLE
City-State-Zip: DAYTONA BEACH FL 32114

Title BOARD MEMBER
Name MCWHIRTER, PATRICA
Address P.O. BOX701995
City-State-Zip: ST. CLOUD FL 34770

Title SECRETARY
Name OWENS, SHARON
Address 907 CHERRY ST
City-State-Zip: PANAMA CITY FL 32401

Title EXECUTIVE DIRECTOR
Name BRACHER, JAMES J
Address 1311 NORTH PAUL RUSSELL ROAD
SUITE A204-D
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: JAMES J. BRACHER**EXECUTIVE DIRECTOR**

03/05/2017

Electronic Signature of Signing Officer/Director Detail

Date