

**2021 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL
REPORT**

DOCUMENT# N12000006372

Entity Name: HEALTHY START MOMCARE NETWORK, INC.

Current Principal Place of Business:

2002 OLD ST. AUGUSTINE ROAD
SUITE 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 ROAD
SUITE 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: CATHERINE TIMUTA

04/20/2021

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

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

Title VP
Name JONES, MIA
Address C/O AGAPE COMMUNITY HEALTH
 CTR.,INC.
 120 KING STREET
City-State-Zip: JACKSONVILLE FL 32204

Title SECRETARY
Name CASEY, KAY
Address C/O KAY CASEY CONSULTING, INC.
 2963 BLAIRSTONE CT.
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: CATHERINE TIMUTA

CEO

04/20/2021

Electronic Signature of Signing Officer/Director Detail

Date