

**2016 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:** Yes**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

04/27/2016

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            FERMIN, MANUEL E  
Address        7205 N. W. 19TH STREET  
                 SUITE 500  
City-State-Zip: MIAMI FL 33126

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**

04/27/2016

Electronic Signature of Signing Officer/Director Detail

Date