

**2025 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            TREASURER  
Name            FORD, LONA  
Address          2156 GAME BIRD COURT  
City-State-Zip: TALLAHASSEE FL 32311  
  
Title            SECRETARY  
Name            BRESLOW, BRENDA  
Address          16316 2ND STREET EAST  
City-State-Zip: REDINGTON BEACH FL 33708

Title            CEO  
Name            TIMUTA, CATHERINE  
Address          2002 OLD ST. AUGUSTINE ROAD  
                    E-45  
City-State-Zip: TALLAHASSEE FL 32301  
  
Title            PRESIDENT  
Name            VITUCCI, JUDI  
Address          11515 54TH AVENUE NORTH  
City-State-Zip: SEMINOLE FL 33772-7116

*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**

**04/08/2025**

Electronic Signature of Signing Officer/Director Detail

Date