

**2015 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 D204  
TALLAHASSEE, FL 32301**Current Mailing Address:**1311 NORTH PAUL RUSSELL ROAD  
SUITE D204  
TALLAHASSEE, FL 32301**FEI Number:** 46-1801239**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**CLARKE, DAWN  
1311 NORTH PAUL RUSSELL ROAD  
SUITE D204  
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            PRESIDENT  
Name            ZIMMERMAN, MARTHA  
Address        5907 BERRYHILL ROAD  
City-State-Zip: MILTON FL 32570

Title            VP  
Name            FLOYD, JENNIFER  
Address        P.O.BOX 560868  
City-State-Zip: ROCKLEDGE FL 32956

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            SUTHERLAND, LINDA  
Address        600 COURTLAND ST  
                 SUITE 565  
City-State-Zip: ORLANDO FL 32804

Title            AT-LARGE  
Name            TIMUTA, CATHY  
Address        1921 JEFFERSON AVE  
City-State-Zip: FORT MYERS FL 33901

Title            BOARD MEMBER  
Name            ANDERSON, JOY  
Address        P.O. BOX 1321  
City-State-Zip: QUINCY FL 32353

Title            BOARD MEMBER  
Name            BERRY, SCOTT  
Address        101 SE CENTRAL PARKWAY  
City-State-Zip: STUART FL 34994

**Continues on page 2**

*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:** MARTHA ZIMMERMAN

PRESIDENT

04/20/2015

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title BOARD MEMBER  
Name CAIN, KATHLEEN  
Address 333 17TH ST.  
2R  
City-State-Zip: VERO BEACH FL 32960

Title BOARD MEMBER  
Name GOLDWIRE, KRISTY  
Address 1311 N. PAUL RUSSEL ROAD  
City-State-Zip: TALLAHASSEE FL 32301

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

Title BOARD MEMBER  
Name EDWARDS, CHARLENE  
Address 650 E. DAVIDSON ST  
City-State-Zip: BARTOW FL 33830

Title BOARD MEMBER  
Name MURPHY, JANE  
Address 2806 N. ARMENIA AVE  
100  
City-State-Zip: TAMPA FL 33607

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Name EDWARDS, CHARLENE  
Address 650 E. DAVIDSON ST  
City-State-Zip: BARTOW FL 33830

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