2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12000006372

Entity Name: HEALTHY START MOMCARE NETWORK, INC.

FILED
Jan 15, 2018
Secretary of State
CC7722347350

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 01/15/2018

Electronic Signature of Registered Agent Date

City-State-Zip:

GAINESVILLE FL 32606

Officer/Director Detail:

 Title
 PRESIDENT
 Title
 DIRECTOR

 Name
 MURPHY, JANE
 Name
 MODERIE, JULIE

 Address
 2806 NORTH ARMENIA AVE
 Address
 1785 NW 80TH BLVD

SUITE 100

City-State-Zip: TAMPA FL 33607

Title TREASURER Title BOARD MEMBER

Name COOPER, MARGARET Name FIGUEROA-KING, MONICA

Address 6301 NW 5TH WAY

Address 17940 TOLDEO BLADE BLVD. #5000

City-State-Zip: PORT CHARLOTTE FL 33948 City-State-Zip: FT. LAUDERDALE FL 33309

TitleSECRETARYTitleEXECUTIVE DIRECTORNameOWENS, SHARONNameBRACHER, JAMES J

Address 907 CHERRY ST Address 1311 NORTH PAUL RUSSELL ROAD

SUITE A204-D

City-State-Zip: PANAMA CITY FL 32401 City-State-Zip: TALLAHASSEE FL 32301

Title ASSISTANT TREASURER Title DIRECTOR

Name SUTHERLAND, LINDA Name ZIMMERMANN, MARTHA

Address 600 COURTLAND STREET SUITE #565 Address 5505 STEWART STREET

City-State-Zip: ORLANDO FL 32804 City-State-Zip: MILTON FL 32570

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 01/15/2018