

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
 AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

**FILED**  
**Aug 06, 1999 8:00 am**  
**Secretary of State**

08-06-1999 90011 050 \*\*\*\*61.25

**NONPROFIT CORPORATION ANNUAL REPORT 1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # N96000004237**

1. Corporation Name  
**MORE HEALTH, INC.**

Principal Place of Business: 1405 W SWANN AVE, TAMPA FL 33606, US  
 Mailing Address: P.O. BOX 10695, TAMPA FL 33679-0695, US



|                                |     |                     |         |   |  |
|--------------------------------|-----|---------------------|---------|---|--|
| 2. Principal Place of Business |     | 2a. Mailing Address |         | 3. Date Incorporated or Qualified   |  |
| 21                             |     | 26                  |         | 08/14/1996  |  |
| Suite, Apt. #, etc.            |     | Suite, Apt. #, etc. |         | 4. FEI Number   |  |
| 22                             |     | 27                  |         | 59-3397472  |  |
| City & State                   |     | City & State        |         | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required                    |  |
| 23                             |     | 28                  |         | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees |  |
| 24                             | Zip | 29                  | Country |   |  |
| 25                             |     | 30                  |         |   |  |

|  |  |  |  |  |  |    |    |
|--|--|--|--|--|--|----|----|
| 9. Name and Address of Current Registered Agent                            |  |  |  | 10. Name and Address of New Registered Agent |  |    |    |
| CRANE, STEPHEN A<br>100 NORTH TAMPA STREET<br>SUITE 2700<br>TAMPA FL 33602 |  |  |  | 81   | Name   |    |    |
|  |  |  |  | 82   | Street Address (P.O. Box Number is Not Acceptable) |    |    |
|  |  |  |  | 83   |  |    |    |
|  |  |  |  | 84   | City   | FL | 85 |

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS |                               |                                 | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |  |
|----------------------------|-------------------------------|---------------------------------|---|---|--|
| TITLE                      | D                             | <input type="checkbox"/> DELETE | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| NAME                       | CRANE, NANCY B                |                                 | 1.2 NAME  |   |  |
| STREET ADDRESS             | 2802 TERRACE DR               |                                 | 1.3 STREET ADDRESS                                    |   |  |
| CITY-ST-ZIP                | TAMPA FL 33609                |                                 | 1.4 CITY-ST-ZIP                                       |   |  |
| TITLE                      | D                             | <input type="checkbox"/> DELETE | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| NAME                       | NELSON, DEANA                 |                                 | 2.2 NAME  |   |  |
| STREET ADDRESS             | 2 COLUMBIA DRIVE              |                                 | 2.3 STREET ADDRESS                                    |   |  |
| CITY-ST-ZIP                | TAMPA FL 33606                |                                 | 2.4 CITY-ST-ZIP                                       |   |  |
| TITLE                      | VDS                           | <input type="checkbox"/> DELETE | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| NAME                       | WEIBLEY, RICHARD E M.D.       |                                 | 3.2 NAME  |   |  |
| STREET ADDRESS             | 4 COLUMBIA DRIVE, SUITE 860-A |                                 | 3.3 STREET ADDRESS                                    |   |  |
| CITY-ST-ZIP                | TAMPA FL 33606                |                                 | 3.4 CITY-ST-ZIP                                       |   |  |
| TITLE                      | DMD                           | <input type="checkbox"/> DELETE | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| NAME                       | PESCE, KAREN L                |                                 | 4.2 NAME  |   |  |
| STREET ADDRESS             | 1405 W SWANN AVE              |                                 | 4.3 STREET ADDRESS                                    |   |  |
| CITY-ST-ZIP                | TAMPA FL 33606                |                                 | 4.4 CITY-ST-ZIP                                       |   |  |
| TITLE                      |                               | <input type="checkbox"/> DELETE | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| NAME                       |                               |                                 | 5.2 NAME  |   |  |
| STREET ADDRESS             |                               |                                 | 5.3 STREET ADDRESS                                    |   |  |
| CITY-ST-ZIP                |                               |                                 | 5.4 CITY-ST-ZIP                                       |   |  |
| TITLE                      |                               | <input type="checkbox"/> DELETE | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| NAME                       |                               |                                 | 6.2 NAME  |   |  |
| STREET ADDRESS             |                               |                                 | 6.3 STREET ADDRESS                                    |   |  |
| CITY-ST-ZIP                |                               |                                 | 6.4 CITY-ST-ZIP                                       |   |  |

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] **SIGNATURE REQUIRED** 7/30/99 813/258-6346  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CC12879  
CR2E037 (5/99)