

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Aug 15, 2001 8:00 am**  
**Secretary of State**

08-15-2001 90007 050 \*\*\*\*61.25

0011796

**DOCUMENT # N96000004237**

1. Entity Name

**MORE HEALTH, INC.**

*(Handwritten mark)*

Principal Place of Business

1405 W SWANN AVE  
 TAMPA FL 33606  
 US

Mailing Address

P.O. BOX 10695  
 TAMPA FL 33679-0695  
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-3397472**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CRANE, STEPHEN A**  
**100 NORTH TAMPA STREET**  
**SUITE 2700**  
**TAMPA FL 33602**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**After September 12, 2001, min. will be \$236.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: **D**  Delete  
 NAME: **CRANE, NANCY B**  
 STREET ADDRESS: **2802 TERRACE DR**  
 CITY-ST-ZIP: **TAMPA FL 33609**

TITLE: **P**  Change  Addition  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

TITLE: **D**  Delete  
 NAME: **NELSON, DEANA**  
 STREET ADDRESS: **2 COLUMBIA DRIVE**  
 CITY-ST-ZIP: **TAMPA FL 33606**

TITLE: **T**  Change  Addition  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

TITLE: **VDS**  Delete  
 NAME: **WEIBLEY, RICHARD E M.D.**  
 STREET ADDRESS: **4 COLUMBIA DRIVE, SUITE 860-A**  
 CITY-ST-ZIP: **TAMPA FL 33606**

TITLE:  Change  Addition  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

TITLE: **DMD**  Delete  
 NAME: **PESCE, KAREN L**  
 STREET ADDRESS: **1405 W SWANN AVE**  
 CITY-ST-ZIP: **TAMPA FL 33606**

TITLE:  Change  Addition  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

TITLE:  Delete  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

TITLE:  Change  Addition  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

TITLE:  Delete  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

TITLE:  Change  Addition  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE: *(Handwritten Signature)*

8/01/01 813/258-6366

CR2E037 (5/01)