

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Feb 07, 2005
Secretary of State**

DOCUMENT# N96000004237

Entity Name: MORE HEALTH, INC.

Current Principal Place of Business:

1405 W SWANN AVE
TAMPA, FL 33606 US

New Principal Place of Business:

Current Mailing Address:

1405 W SWANN AVE
TAMPA, FL 33606 US

New Mailing Address:

FEI Number: 59-3397472 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MAYER, JEAN
Address: 2 COLUMBIA DR.
City-St-Zip: TAMPA, FL 33606

Title: PD () Delete
Name: WEIBLEY, RICHARD E M.D.
Address: 4 COLUMBIA DRIVE, SUITE 860-A
City-St-Zip: TAMPA, FL 33606

Title: D () Delete
Name: FELDMAN, RANDY MS
Address: 1773 W FLETCHER AVE
City-St-Zip: TAMPA, FL 33612

Title: DV3 () Delete
Name: SHIMBERG, ROBERT
Address: 101 E KENNEDY BLVD., STE. 3700
City-St-Zip: TAMPA, FL 33602

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: KAREN PESCE

ED

02/07/2005

Electronic Signature of Signing Officer or Director

Date