

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 29, 2008  
Secretary of State**

DOCUMENT# N96000004237

Entity Name: MORE HEALTH, INC.

**Current Principal Place of Business:**

3821 HENDERSON BLVD.  
TAMPA, FL 33629 US

**New Principal Place of Business:**

**Current Mailing Address:**

3821 HENDERSON BLVD.  
TAMPA, FL 33629 US

**New Mailing Address:**

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

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

Title: TD ( ) Delete  
Name: DELRIO, EDDIE CPA  
Address: 888 EXECUTIVE CTR DR W  
City-St-Zip: SAINT PETERSBURG, FL 33702

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

Title: D ( ) Delete  
Name: POINDEXTER, RANDY  
Address: 1918 DOVE FIELD PL  
City-St-Zip: BRANDON, FL 33510

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

Title: D ( ) Delete  
Name: SHORT, GENIE  
Address: 6843 CIR CREEK DR  
City-St-Zip: PINELLAS PARK, FL 33781

**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:

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 exemption stated in Chapter 119, 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 L. PESCE

ED

04/29/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date