## **2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

## DOCUMENT # N9600004237

1. Entity Name

MORE HEALTH, INC.



## **FILED** Apr 28, 2003 8:00 am Secretary of State 04-28-2003 90462 015 \*\*\*\*61.25

CRANE, STEPHEN A 100 NORTH TAMPA STREET SUITE 2700  TAMPA FL 33602  6. Name and Address of Current Registered Agent  CRANE, STEPHEN A 100 NORTH TAMPA STREET SUITE 2700  TAMPA FL 33602  6. The above named entity submits in is statement for the purpose of changing its registered diffice or negistered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent and the it assistance of registered agent.  FILE NOW: FEE IS \$61.25  8. Election Campaign Financing Trust Fund Contribution  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  TITLE NAME CRANE, NANCY B STRET ADDRESS  2002 TERRACE DR TAMPA FL 33609  TOTAL STRET ADDRESS  2002 TERRACE DR TAMPA FL 33609  TAMPA FL 33600  TOTAL STRET ADDRESS  OPT-57-2P  TAMPA FL 33600  TAMPA FL 33600  TOTAL STRET ADDRESS  OPT-57-2P  TAMPA FL 33600  TOTAL STRET ADDRESS  OPT-57-2P  TAMPA FL 33600  TOTAL STRET ADDRESS  OPT-57-2P  TAMPA FL 33600  TOTAL STREET ADDRESS  OPT-57-2P  TAM				600 W						
Sulfa, Apt. #, etc.    City & States	1405 W SWAN TAMPA FL 336	N AVE	P.O. BOX 10695 TAMPA FL 33679-0695	P.O. BOX 10695 TAMPA FL 33679-0695			951 47 (20) Har birk frik få (10)	- 1,e- 1-24   1010   1011   1121	1 Nori H <b>aa</b> t H <b>aa</b> t	
Suite, Act. #, etc.   Check Herite F MAKING CHANGES  City & State    Country   Active State   Country   Active State   Country   Active State	2. Principal P	Place of Business	3. Mailing Address	Mailing Address  IHOS W SWAIN AVE.						
Secondary   Seco	Suite, Apt.	#, etc.				CHECK HERE IF MAKING CHANGES				
S. Name and Address of Current Registered Agent  CRANE, STEPHEN A 100 NORTH TAMPA STREET SURFEZZOD TAMPA FL 33602  S. The above named analy submits his statement for the purpose of charging its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  FILE NOW: FEE IS \$61.25  S. Election Campaign Financing Trust Fund Contribution.  S. Southers of States Desired Agent:  DATE  FILE NOW: FEE IS \$61.25  S. Election Campaign Financing Trust Fund Contribution.  S. Southers of States of States Desired Agent:  City  FL  Zip Codo  DATE  FILE NOW: FEE IS \$61.25  S. Election Campaign Financing Trust Fund Contribution.  S. Southers of States Desired Agent.  S. Southers of States Desired Agent.  DATE  FILE NOW: FEE IS \$61.25  S. Election Campaign Financing Trust Fund Contribution.  S. Southers of States Desired Agent.  S. Southers of States Desired Agent.  Make Check Payable to Florida Department of State  Forms 17.9  Make Check Payable to Florida Department of State  TITLE  PO	City & Stat	е	City & State TAMPA F	L		4. FEI Number 50	9-3397472		Applied For Not Applicable	
CRANE, STEPHEN A 100 NORTH TAMPA STREET SUITE 2700 TAMPA FL 33602  8. The advoice named entity submitts this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and sociept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and sociept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and sociept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and sociept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and sociept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and sociept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and sociept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and sociept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and sociept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and sociept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and sociept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and sociept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and sociept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and sociept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and sociept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and sociept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and sociept the obligations of registered agent, or both, in the State of Florida.	Zip	Country	33606			5. Certificate of St	atus Desired			
CRANE, STEPHEN A 100 NORTH TAMPA STREET SUITE 2700 TAMPA FL 33602  City  FL  Zip Code  City  FL  Addition  City  City  FL  Zip Code  City  FL  Zip Code  City  City  City  FL  Zip Code  City  FL  Zip Code  City  City  FL  Zip C	ilus 🗕	6. Name and Address of Current	Registered Agent	-1 - 1 - 2 - 1 - 2 - 1 - 2 - 2 - 2 - 2 -	عت جو	7. Name and Add	ress of New Regi	stered Agent: *-		
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 Flonds. I am familiar with, and accept the obligations of registered agent.  SIGNATURE    Signature, location printed name of implatement agent and their applicable.   (NOTE Registered Agent algorithm required whom reinstalling)   DATE	100 NOR SUITE 27	th tampa street 00	Street A							
THE NOW: FEE IS \$61.25  PILE NOW: FEE IS NOW:	IAMEA	L 33002		City				FL Zip Co	ode	
Trust Fund Contribution.   Added to Fees   Florida Department of State    10. OFFICERS AND DIRECTORS   11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  TITLE   PD	the obligations of registered agent.  SIGNATURE									
TITLE CRANE, NANCY B CRANE, NANCY B STREET ADDRESS CITY-ST-ZIP TAMPA FL 33606  TITLE NAME STREET ADDRESS CITY-ST-ZIP TAMPA FL 33607  TAMPA FL 33606  TITLE NAME STREET ADDRESS CITY-ST-ZIP TAMPA FL 33607  TAMPA FL 3360	1	FILE NOW: FEE IS \$61.25	<b>I</b>							
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP Delete STREET ADDRESS CITY-ST-ZIP TAMPA FL 33602 CTAMPA FL 33602 CTAM	10.		RECTORS	11.		DDITIONS/CHANG	ES TO OFFICERS /	AND DIRECTORS	IN 10	
TITLE NAME NELSON, DEANA STREET ADDRESS 2 COLUMBIA DRIVE TAMPA FL 33606  VDS VBEILEY, RICHARD E M.D. 4 COLUMBIA DRIVE, SUITE 860-A TAMPA FL 33606  TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME NAME NAME NAME NAM	NAME STREET ADDRESS	CRANE, NANCY B 2802 TERRACE DR	☐ Delete	NAME STREET ADDRESS	CRA 280	2 TERR		_ *	Addition	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP Change Addition	NAME STREET ADDRESS	T NELSON, DEANA 2 COLUMBIA DRIVE	☐ Delete	NAME Street address	NEI	D SON, DI	EANA 31A DR 33606	_ `	Addition	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TO LE KENNEDY BLVD. SUITE 376 CHange Addition STREET ADDRESS CITY-ST-ZIP Change Addition STREET ADDRESS CITY-ST-ZIP TAMPA FL 33602 CHANGE STREET ADDRESS CITY-ST-ZIP CHANGE STREET ADDRESS CITY-ST-ZIP	NAME STREET ADDRESS	WEIBLEY, RICHARD E M.D. 4 COLUMBIA DRIVE, SUITE 860-A		NAME STREET ADDRESS	4 C	OLUMBIA	toe, su	EM.D.	_	
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NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP	NAME STREET ADDRESS		Delete	NAME STREET ADDRESS	101	E KEN	NEDY B	LVD. SUI	_	
12. Thereby certify that the information supplied with this filling does not qualify for the examption stated in Section 119.07/3/ii). Florida Statutas, I further certify that the information	NAME STREET ADDRESS CITY-ST-ZIP	autifu Nhaa dha infanan ti'u a ta a		NAME STREET ADDRESS CITY-ST-ZIP		- 140 CT/O// S		☐ Change		

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:**