

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N96000004237

**Entity Name:** MORE HEALTH, INC.**Current Principal Place of Business:**3821 HENDERSON BLVD.  
TAMPA, FL 33629**Current Mailing Address:**3821 HENDERSON BLVD.  
TAMPA, FL 33629 US**FEI Number:** 59-3397472**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CRANE, STEPHEN A  
100 NORTH TAMPA STREET  
SUITE 2700  
TAMPA, FL 33602 US*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:** STEPHEN CRANE

03/21/2021

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title ED  
Name PESCE BUCKENHEIMER, KAREN  
Address 3821 HENDERSON BLVD.  
City-State-Zip: TAMPA FL 33629

Title PRESIDENT  
Name ROSE, CINDY  
Address 500 7TH AVENUE SOUTH  
City-State-Zip: ST. PETERSBURG FL 33701

Title OFFICER  
Name JOHNS, PEGGY  
Address 301 4TH STREET SW  
City-State-Zip: LARGO FL 33770

Title VP  
Name KOUWE, RICHARD  
Address 371 CHANNELSIDE WALK WAY  
City-State-Zip: TAMPA FL 33602

Title OFFICER  
Name CHANG, PETER  
Address ONE TAMPA GENERAL CIRCLE  
City-State-Zip: TAMPA FL 33606

Title TREASURER  
Name PRIDA, ANDRES  
Address 3821 HENDERSON BLVD.  
City-State-Zip: TAMPA FL 33629

Title OFFICER  
Name ST JOHN, THOMAS  
Address PO BOX 3371  
City-State-Zip: TAMPA FL 33601

Title OFFICER  
Name SAIA, HOLLY  
Address 1202 EAST PALM AVE  
City-State-Zip: TAMPA FL 33605

**Continues on page 2**

*I hereby 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 all other like empowered.*

**SIGNATURE:** KAREN PESCE BUCKENHEIMER**EXECUTIVE DIRECTOR**

03/21/2021

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title OFFICER  
Name FRAZIER, ANDDRIKK  
Address 249 S 78TH ST  
City-State-Zip: TAMPA FL 33619

Title OFFICER  
Name BERFIELD, KIMBERLY  
Address 3821 HENDERSON BLVD.  
City-State-Zip: TAMPA FL 33629

Title OFFICER  
Name GRIMES, ASHLEY  
Address 3821 HENDERSON BLVD.  
City-State-Zip: TAMPA FL 33629

Title OFFICER  
Name DAWKINS, RACHEL DR.  
Address 601 5TH ST S  
504  
City-State-Zip: ST PETERSBURG FL 33701

Title OFFICER  
Name BRANDT, STACEY  
Address 3821 HENDERSON BLVD.  
City-State-Zip: TAMPA FL 33629

Title OFFICER  
Name CATRONE, OLIVIANA  
Address 3821 HENDERSON BLVD.  
City-State-Zip: TAMPA FL 33629