

2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P14000017689

Entity Name: BETTER HEALTH, INC.

Current Principal Place of Business:

9250 W. FLAGLER STREET
SUITE 600
MIAMI, FL 33174

FILED
May 02, 2017
Secretary of State
CC5702149719

Current Mailing Address:

120 MONUMENT CIRCLE
INDIANAPOLIS, IN 46204 US

FEI Number: 20-4889378

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: BERNADETTE BAKER

05/02/2017

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR, PRESIDENT AND CEO
Name RIVAS, LOURDES T
Address 9250 W. FLAGLER STREET
SUITE 600
City-State-Zip: MIAMI FL 33174

Title DIRECTOR
Name BECK, CARTER A
Address 1155 ELM STREET
SUITE 200
City-State-Zip: MANCHESTER NH 03101

Title DIRECTOR
Name KELAGHAN, CATHERINE I
Address 120 MONUMENT CIRCLE
City-State-Zip: INDIANAPOLIS IN 46204

Title SECRETARY
Name KATHLEEN, S KIEFER
Address 120 MONUMENT CIRCLE
City-State-Zip: INDIANAPOLIS IN 46204

Title TREASURER
Name KRETSCHMER, ROBERT DAVID
Address 120 MONUMENT CIRCLE
City-State-Zip: INDIANAPOLIS IN 46204

Title ASST. TREASURER
Name NOBLE, ERIC K
Address 120 MONUMENT CIRCLE
City-State-Zip: INDIANAPOLIS IN 46204

Title CFO
Name PRINCE, HOLLY JEAN
Address 9250 W. FLAGLER STREET
SUITE 600
City-State-Zip: MIAMI FL 33174

Title ASSISTANT TREASURER
Name NOBLE, ERIC K
Address 120 MONUMENT CIRCLE
City-State-Zip: INDIANAPOLIS IN 46204

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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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: KATHLEEN S. KIEFER

SECRETARY

05/02/2017

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title CHIEF MEDICAL OFFICER

Name PANTONE, VINCENT

Address 4343 ANCHOR PLAZA PARKWAY

City-State-Zip: TAMPA FL 33634