

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P14000017689

Entity Name: BETTER HEALTH, INC.

Current Principal Place of Business:

1701 PONCE DE LEON BLVD
CORAL GABLES, FL 33134

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:

CORPORATE CREATIONS NETWORK, INC.
11380 PROSPERITY FARMS ROAD #221E
PALM BEACH GARDENS, FL 33410 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: _____

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PCEO
Name RIVAS, LOURDES T
Address 1701 PONCE DE LEON BLVD
City-State-Zip: CORAL GABLES FL 33134

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 WIRGES, KEVIN
Address 1701 PONCE DE LEON BLVD
City-State-Zip: CORAL GABLES FL 33134

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

05/01/2015

Electronic Signature of Signing Officer/Director Detail

Date