

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2000 8:00 am
Secretary of State

05-23-2000 90259 009 ****61.25

DOCUMENT # N96000004237

1. Entity Name

MORE HEALTH, INC.

Principal Place of Business

Mailing Address

**1405 W SWANN AVE
 TAMPA FL 33606
 US**

**P.O. BOX 10695
 TAMPA FL 33679-0695
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3397472

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CRANE, STEPHEN A
 100 NORTH TAMPA STREET
 SUITE 2700
 TAMPA FL 33602**

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 Florida.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	CRANE, NANCY B	
STREET ADDRESS	2802 TERRACE DR	
CITY-ST-ZIP	TAMPA FL 33609	
TITLE	D	<input type="checkbox"/> Delete
NAME	NELSON, DEANA	
STREET ADDRESS	2 COLUMBIA DRIVE	
CITY-ST-ZIP	TAMPA FL 33606	
TITLE	VDS	<input type="checkbox"/> Delete
NAME	WEIBLEY, RICHARD E M.D.	
STREET ADDRESS	4 COLUMBIA DRIVE, SUITE 860-A	
CITY-ST-ZIP	TAMPA FL 33606	
TITLE	DMD	<input type="checkbox"/> Delete
NAME	PESCE, KAREN L	
STREET ADDRESS	1405 W SWANN AVE	
CITY-ST-ZIP	TAMPA FL 33606	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information 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 another like empowered.

SIGNATURE: *[Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **5-1-00** Daytime Phone #: **8132586366**

CR2E037 (9/99)