2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2010
Secretary of State

DOCUMENT# N96000004237

Entity Name: MORE HEALTH, INC.

Current Principal Place of Business:

3821 HENDERSON BLVD.
TAMPA, FL 33629 US

New Principal Place of Business:

Current Mailing Address:

3821 HENDERSON BLVD.
TAMPA, FL 33629 US

New Mailing Address:

FEI Number: 59-3397472 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: S/D
Name: MAYER, JEAN
Address: 2 COLUMBIA DR.
City-St-Zip: TAMPA, FL 33606

Title: T/D
Name: DELRIO, EDDIE CPA
Address: 888 EXECUTIVE CENTER DR. W.
City-St-Zip: SAINT PETERSBURG, FL 33702

Title: P/D
Name: FELDMAN, RANDY DDS
Address: 1773 W. FLETCHER AVE.
City-St-Zip: TAMPA, FL 33612

Title: D
Name: PESCE, KAREN
Address: 3821 HENDERSON BLVD.
City-St-Zip: TAMPA, FL 33629

Title: V/D
Name: SHIMBERG, ROBERT
Address: 101 E. KENNEDY BLVD., STE 3700
City-St-Zip: TAMPA, FL 33602

Title: D
Name: SHORT, GENIE
Address: 6843 CIRCLE CREEK DR.
City-St-Zip: PINELLAS PARK, FL 33781

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 L. PESCE ED 03/30/2010
Electronic Signature of Signing Officer or Director Date