

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2004 8:00 am
Secretary of State

03-22-2004 90051 008 ***150.00

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1. Entity Name
BETTER HEALTH, INC.



Principal Place of Business
2255 WEST HILLSBORO BOULEVARD
DEERFIELD BEACH, FL 33442

Mailing Address
2255 WEST HILLSBORO BOULEVARD
DEERFIELD BEACH, FL 33442

2. Principal Place of Business

2235 W. Hillsboro Blvd
Suite, Apt. #, etc.

3. Mailing Address

2235 W. Hillsboro Blvd
Suite, Apt. #, etc.

City & State

Deerfield Beach

Zip Country
33442 FL

City & State

Deerfield Beach

Zip Country
33442 FL

01092004

Chg-P

CR2E034 (10/03)

4. FEI Number

41-2079717

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MORGAN-BRIEN, MICHAL
2255 WEST HILLSBORO BOULEVARD
DEERFIELD BEACH, FL 33442

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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 \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME MORGAN-BRIEN, MICHAL
STREET ADDRESS 2255 W. HILLSBORO BLVD.
CITY-ST-ZIP DEERFIELD BEACH, FL 33442

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE MORGAN-BRIEN MICHAL ☒ Change ☐ Addition
NAME
STREET ADDRESS 2235 W. Hillsboro Blvd
CITY-ST-ZIP Deerfield Beach FL 33442

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 2-2-04

X (954) 418-9444

Date

Daytime Phone #