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FILED
May 23 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000028489 (9)

1. Corporation Name

BETTER HEALTH NETWORK, INC.



Principal Place of Business

Mailing Address

4950 WEST KENNEDY BLVD
SUITE 200
TAMPA FL 33609
US

3275 66TH STREET NORTH
SUITE 10
ST. PETERSBURG FL 33710-1569

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26 4950 West Kennedy Blvd

22 City & State

27 Suite 200

23 Zip Country

28 Tampa FL

24 Zip Country

29 33609 30 US

9. Name and Address of Current Registered Agent

POWELL, PHILIP J
3275 66TH STREET NORTH
SUITE 10
ST. PETERSBURG FL 33710

3. Date Incorporated or Qualified

04/11/1995

3a. Date of Last Report

05/01/1996

4. FEI Number

59-3308537

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

☐ \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☐ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

Richard RUTH

82 Street Address (P.O. Box Number is Not Acceptable)

2109 Arbor Oaks Drive

83

84 City

VALRICO

FL

85 Zip Code

33594

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: Richard E. Ruth, Richard E. Ruth

5-16-97

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DCP	<input type="checkbox"/> DELETE
NAME	POWELL, PHILIP J	
STREET ADDRESS	3275 66TH STREET NORTH, SUITE 10	
CITY - ST - ZIP	ST. PETERSBURG FL	
TITLE	DS	<input checked="" type="checkbox"/> DELETE
NAME	APPLE, PHILIP B	
STREET ADDRESS	6759 1ST AVE S	
CITY - ST - ZIP	ST PETERSBURG FL	
TITLE	DS	<input checked="" type="checkbox"/> DELETE
NAME	WALKER, JEFFERY J.	
STREET ADDRESS	1201 5TH AVE N	
CITY - ST - ZIP	ST PETERSBURG FL	
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"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Jeff Berg	
1.3 STREET ADDRESS	200 FIRST AVE North	
1.4 CITY - ST - ZIP	ST PETERSBURG FL 33710	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Henry Gauthier	
2.3 STREET ADDRESS	1359 Chelsea Drive	
2.4 CITY - ST - ZIP	LOS ALTOS CA 94024	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Beverly A HARMS	
3.3 STREET ADDRESS	101 E Kennedy Blvd #3300	
3.4 CITY - ST - ZIP	Tampa FL 33602	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Gerry Hogan	
4.3 STREET ADDRESS	416 Brightwaters Blvd	
4.4 CITY - ST - ZIP	ST PETERSBURG FL 33704	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Lee Smith	
5.3 STREET ADDRESS	500 Campus Drive	
5.4 CITY - ST - ZIP	MORGANVILLE NJ 07751	
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Grover Wrenn	
6.3 STREET ADDRESS	4 Wolfe Street	
6.4 CITY - ST - ZIP	Alexandria VA 22314	

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Richard E. Ruth, Richard E. Ruth

5-16-97

813-281-8775

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)

Block 13

☒ Addition

DIT

Richard Ruth Chief Financial Officer

2109 Arbor Oaks Drive

VALRICO FL 33594