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Apr 13 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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	4950 WEST KENNEDY BLVD. STE. 200 TAMPA FL 33609 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/11/1995

2. Principal Place of Business (21) | 2a. Mailing Address (26)

Suite, Apt. #, etc. (22) | Suite, Apt. #, etc. (27)

City & State (23) | City & State (28)

Zip (24) Country (25) | Zip (29) Country (30)

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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

RUTH, RICHARD
2109 ARBOR OAKS DRIVE
SUITE 10
VALRICO FL 33594

10. Name and Address of New Registered Agent

81 Name: Ruth, Richard E.
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 _____ (NOTE: Registered Agent's signature required when reinstating) DATE
Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DCP	☐ DELETE	1.1 TITLE	D	☒ Change ☐ Addition
NAME	POWELL, PHILIP J		1.2 NAME	Powell, Philip J	
STREET ADDRESS	3275 66TH STREET NORTH, SUITE 10		1.3 STREET ADDRESS	3275 66th Street North, Suite 10	
CITY-ST-ZIP	ST. PETERSBURG FL		1.4 CITY-ST-ZIP	St Petersburg, FL 33710	
TITLE	D	☐ DELETE	2.1 TITLE	C/O	☐ Change ☒ Addition
NAME	BERG, JEFF		2.2 NAME	Wrenn, Grover	
STREET ADDRESS	200 FIRST AVE NORTH		2.3 STREET ADDRESS	4 Wolfe Street	
CITY-ST-ZIP	ST PETERSSBURG FL		2.4 CITY-ST-ZIP	Alexandria, VA 22314	
TITLE	D	☐ DELETE	3.1 TITLE	VP	☐ Change ☒ Addition
NAME	GAUTHIER, HENRY		3.2 NAME	Ruth, Richard E.	
STREET ADDRESS	1350 CHELSEA DRIFE		3.3 STREET ADDRESS	2109 Arbor Oaks Drive	
CITY-ST-ZIP	LOS ALTOS CA		3.4 CITY-ST-ZIP	Valrico, FL 33594	
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	HARMS, BEVERLY A		4.2 NAME		
STREET ADDRESS	101 E. KENNEDY BLVD., #3300		4.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		4.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	HOGAN, GERRY		5.2 NAME		
STREET ADDRESS	416 BRIGHTWATERS BLVD.		5.3 STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG FL		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	SMITH, LEE		6.2 NAME		
STREET ADDRESS	500 CAMPUS DRIVE		6.3 STREET ADDRESS		
CITY-ST-ZIP	MORGANVILLE NJ		6.4 CITY-ST-ZIP		

CR2E034 (10/97)

14. 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 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.

Richard E Ruth 4/2/98 813-681-8225