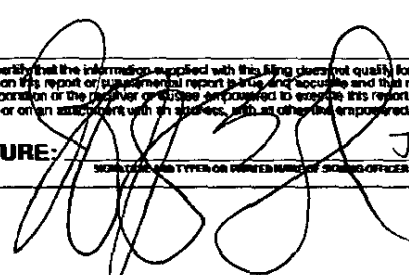


FILED
May 19, 2003 8:00 am
Secretary of State
05-19-2003 90226 037 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P95000053510	
1. Entity Name BETTER HEALTH USA, INC.	
	
Principal Place of Business 1620 WEST OAKLAND PARK BLVD., SUITE 401 FORT LAUDERDALE, FL 33311	Mailing Address 1620 WEST OAKLAND PARK BLVD., SUITE 401 FORT LAUDERDALE, FL 33311
2. Principal Place of Business	3. Mailing Address
State, Apt. #, etc.	State, Apt. #, etc.
City & State	City & State
Zip	Country
4. FEI Number 85-0594180	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
☐ CHECK HERE IF MAKING CHANGES	
6. Name and Address of Current Registered Agent	
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 agents.	
SIGNATURE _____ Signature, print or print name of registered agent, and title if applicable. (If the Registered Agent's signature is required when necessary)	
9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS	
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP
PTD ZAVIK, JEFFREY 1620 WEST OAKLAND PARK BLVD., SUITE 401 FORT LAUDERDALE, FL 33311	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP
VPSO ZAVIK, CHERYL 1620 WEST OAKLAND PARK BLVD., SUITE 401 FORT LAUDERDALE, FL 33311	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP
☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP
☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP
☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP
☐ Delete	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 192.07(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 registered agent or officer employed 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 an officer or employee.	
SIGNATURE:  Jeffrey S. Zavik 4/28/03 954-486-4500	

CRREG04 (10/02)