

2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P21000099568

Entity Name: BETTER HEALTH GROUP SERVICES, INC.**Current Principal Place of Business:**601 S HARBOUR ISLAND BLVD
SUITE 200
TAMPA, FL 33602**Current Mailing Address:**601 S HARBOUR ISLAND BLVD
SUITE 200
TAMPA, FL 33602 US**FEI Number: 87-3709729****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US*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**Officer/Director Detail :**

Title	MGT
Name	PAGIDIPATI, SIDDHARTHA D
Address	601 S HARBOUR ISLAND BLVD SUITE 200
City-State-Zip:	TAMPA FL 33602

Title	PRESIDENT AND CEO
Name	POLEN, MICHAEL
Address	601 S HARBOUR ISLAND BLVD SUITE 200
City-State-Zip:	TAMPA FL 33602

Title	VP, SECRETARY, GENERAL COUNSEL
Name	HABER, MICHAEL
Address	601 S HARBOUR ISLAND BLVD SUITE 200
City-State-Zip:	TAMPA FL 33602

Title	TREASURER, VP, CFO
Name	JANKOVIC, GORAN
Address	601 S HARBOUR ISLAND BLVD SUITE 200
City-State-Zip:	TAMPA FL 33602

Title	AUTHORIZED PERSON
Name	FERRY, CHRIS
Address	601 S HARBOUR ISLAND BLVD SUITE 200
City-State-Zip:	TAMPA FL 33602

Title	AUTHORIZED PERSON
Name	SHAH, RUPESH
Address	601 S HARBOUR ISLAND BLVD SUITE 200
City-State-Zip:	TAMPA FL 33602

Title	AUTHORIZED PERSON
Name	KOLLEFRATH, DAN
Address	601 S HARBOUR ISLAND BLVD SUITE 200
City-State-Zip:	TAMPA FL 33602

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MICHAEL HABER**GENERAL COUNSEL****02/09/2024**_____
Electronic Signature of Signing Officer/Director Detail_____
Date