

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000021506

FILED
Apr 26, 2012
Secretary of State

Entity Name: HEALTHCORE WELLNESS, P.A.

Current Principal Place of Business:

THE METROPOLITAN BUILDING
320 NORTH 1ST ST, SUITE 601
JACKSONVILLE BEACH, FL 32250

New Principal Place of Business:

320 NORTH 1ST STREET
SUITE 602
JACKSONVILLE BEACH, FL 32250

Current Mailing Address:

P.O. BOX 50666
JACKSONVILLE BEACH, FL 322400666 US

New Mailing Address:

FEI Number: 30-0405405

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FIERRO, STEPHEN F DC
320 NORTH 1ST STREET
SUITE 601
JACKSONVILLE BEACH, FL 32250 US

Name and Address of New Registered Agent:

FIERRO, STEPHEN F DC
320 NORTH 1ST STREET
SUITE 602
JACKSONVILLE BEACH, FL 32250 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: STEPHEN FIERRO

04/26/2012

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: FIERRO, STEPHEN F DC
Address: 320 NORTH 1ST STREET, SUITE 602
City-St-Zip: JACKSONVILLE BEACH, FL 32250 US

Title: S
Name: FIERRO, STEPHEN DC
Address: 10475 CENTURION PARKWAY NORTH, SUITE 201
City-St-Zip: JACKSONVILLE BEACH, FL 32256 US

Title: T
Name: FIERRO, STEPHEN DC
Address: 320 NORTH 1ST STREET, SUITE 602
City-St-Zip: JACKSONVILLE BEACH, FL 32250

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: STEPHEN FIERRO

PRES

04/26/2012

Electronic Signature of Signing Officer or Director

Date