

2019 FLORIDA PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P07000021506

Entity Name: HEALTHCORE WELLNESS, P.A.

Current Principal Place of Business:

10475 CENTURION PARKWAY N.,
SUITE 304
JACKSONVILLE, FL 32256

Current Mailing Address:

P.O. BOX 50666
JACKSONVILLE BEACH, FL 32240-0666 US

FEI Number: 30-0405405

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FIERRO, STEPHEN F
10475 CENTURION PARKWAY N.
SUITE 304
JACKSONVILLE, FL 32256 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 F. FIERRO

10/22/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title P
Name FIERRO, STEPHEN F
Address 10475 CENTURION PARKWAY N.,
SUITE 304
City-State-Zip: JACKSONVILLE FL 32256

Title T
Name FIERRO, STEPHEN DC
Address 10475 CENTURION PARKWAY N.,
SUITE 304
City-State-Zip: JACKSONVILLE FL 32256

Title S
Name FIERRO, STEPHEN DC
Address 10475 CENTURION PARKWAY N.,
SUITE 304
City-State-Zip: JACKSONVILLE FL 32256

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

PRESIDENT

10/22/2019

Electronic Signature of Signing Officer/Director Detail

Date