

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P16000015169

**Entity Name:** BIOCORE FITNESS CORP

**Current Principal Place of Business:**

10650 W STATE RD 84  
SUITE #111  
DAVIE, FL 33324

**Current Mailing Address:**

1150 BRISTOL AVE  
DAVIE, FL 33325 US

**FEI Number: 81-1538597**

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

FORESMAN, BROOKE  
1150 BRISTOL AVE  
DAVIE, FL 33325 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           | P                | Title           | AUTHORIZED MEMBER       |
| Name            | FORESMAN, BROOKE | Name            | FORESMAN, SCOTT MICHAEL |
| Address         | 1150 BRISTOL AVE | Address         | 1150 BRISTOL AVE        |
| City-State-Zip: | DAVIE FL 33325   | City-State-Zip: | DAVIE FL 33325          |

*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: BROOKE FORESMAN**

**PRESIDENT**

**04/16/2019**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date