


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 06, 2006 8:00 am**  
**Secretary of State**

02-06-2006 90051 046 \*\*\*158.75

<b>DOCUMENT # F95000002627</b> 1. Entity Name <b>THE AMACORE GROUP, INC.</b>					
Principal Place of Business <b>1511 N. WESTSHORE BLVD. SUITE 925 TAMPA, FL 33607 US</b>			Mailing Address <b>1511 N. WESTSHORE BLVD. SUITE 925 TAMPA, FL 33607 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	02012006 Chg-P CR2E034 (11/05)	
4. FEI Number <b>59-3206480</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired -- <input checked="" type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>MARCUS, CLARK CEO 1511 N. WESTSHORE BLVD. SUITE 925 TAMPA, FL 33607</b>			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 agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 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	CPD <b>MARCUS, CLARK A</b> <input type="checkbox"/> Delete <b>1511 N. WESTSHORE BLVD. SUITE 925</b> <b>TAMPA, FL 33607</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Finestone, Arnold</b> <b>1511 N. Westshore Blvd, Suite 925</b> <b>Tampa, FL 33607</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <input type="checkbox"/> Delete <b>KOENIG, JAMES L</b> <b>1511 N. WESTSHORE BLVD. SUITE 925</b> <b>TAMPA, FL 33607</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete <b>SCHILD, JOHN</b> <b>1511 N. WESTSHORE BLVD. SUITE 925</b> <b>TAMPA, FL 33607</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete <b>RAY, SHARON KAY</b> <b>1511 N. WESTSHORE BLVD. SUITE 925</b> <b>TAMPA, FL 33607</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete <b>YEAP, ARTHUR</b> <b>1511 N. WESTSHORE BLVD. SUITE 925</b> <b>TAMPA, FL 33607</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete <b>KOCH, WILLIAM H MD</b> <b>1511 N. WESTSHORE BLVD. SUITE 925</b> <b>TAMPA, FL 33607</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 receiver or trustee empowered 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 all other like empowered.					
SIGNATURE <u>James L. Koenig (James L. Koenig)</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Corporate Secretary Date <b>2-1-06</b> Daytime Phone # <b>(813)289-5552</b>		