2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2008 8:00 am
Secretary of State
04-07-2008 90048 001 ***150.00

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1. Entity Name
THE AMACORE GROUP, INC.

Principal Place of Business	Mailing Address
1211 N. WESTSHORE BLVD. SUITE 512 TAMPA, FL 33607 US	1211 N. WESTSHORE BLVD. SUITE 512 TAMPA, FL 33607 US

03202008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-3206480 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MARCUS, CLARK CEO 1211 N. WESTSHORE BLVD. SUITE 512 TAMPA, FL 33607	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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** 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 MARCUS, CLARK A 1211 N. WESTSHORE BLVD. SUITE 512 TAMPA, FL 33607	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CDCEO MARCUS, CLARK A. 1211 N. WESTSHORE BLVD, SUITE 512 TAMPA, FL 33607	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD KOENIG, JAMES L 1211 N. WESTSHORE BLVD. SUITE 512 TAMPA, FL 33607	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S KOENIG, JAMES L. 1211 N WESTSHORE BLVD, SUITE 512 TAMPA, FL 33607	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FINESTONE, ARNOLD 1211 N. WESTSHORE BLVD. SUITE 512 TAMPA, FL 33607	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DCFO CRISAFI, GIUSEPPE 1211 N. WESTSHORE BLVD, SUITE 512 TAMPA, FL 33607	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RAY, SHARON KAY 1211 N. WESTSHORE BLVD. SUITE 512 TAMPA, FL 33607	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP SHAFFER JAY 1211 N WESTSHORE BLVD, SUITE 512 TAMPA, FL 33607	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D YEAP, ARTHUR 1211 N. WESTSHORE BLVD. SUITE 512 TAMPA, FL 33607	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KATZMAN, JERRY, MD 1211 N WESTSHORE BLVD, SUITE 512 TAMPA, FL 33607	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KOCH, WILLIAM H MD 1211 N. WESTSHORE BLVD. SUITE 512 TAMPA, FL 33607	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V NORBERG, GUY 1211 N WESTSHORE BLVD, SUITE 512 TAMPA, FL 33607	☐ Change ☒ 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: GIUSEPPE CRISAFI 4/2/08 813.289.1552
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #