

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F95000002627

FILED  
Mar 19, 2009  
Secretary of State

Entity Name: THE AMACORE GROUP, INC.

## Current Principal Place of Business:

1211 N. WESTSHORE BLVD.  
SUITE 512  
TAMPA, FL 33607 US

## Current Mailing Address:

1211 N. WESTSHORE BLVD.  
SUITE 512  
TAMPA, FL 33607 US

## New Principal Place of Business:

MAITLAND PROMENADE 1  
485 NORTH KELLER ROAD, SUITE 450  
MAITLAND, FL 32751 US

## New Mailing Address:

MAITLAND PROMENADE 1  
485 NORTH KELLER ROAD, SUITE 450  
MAITLAND, FL 32751 US

FEI Number: 59-3206480

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MARCUS, CLARK CEO  
1211 N. WESTSHORE BLVD.  
SUITE 512  
TAMPA, FL 33607 US

## Name and Address of New Registered Agent:

NRAI SERVICES, INC.  
2731 EXECUTIVE PARK DRIVE  
SUITE 4  
WESTON, FL 33331 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: AMY PURDY

03/19/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( )

## OFFICERS AND DIRECTORS:

Title: CPD ( ) Delete  
Name: MARCUS, CLARK A  
Address: 1211 N. WESTSHORE BLVD. STE. 512  
City-St-Zip: TAMPA, FL 33607 US

Title: SD ( ) Delete  
Name: KOENIG, JAMES L  
Address: 1211 N. WESTSHORE BLVD. STE. 512  
City-St-Zip: TAMPA, FL 33607 US

Title: DCFO ( ) Delete  
Name: CRISAFI, GIUSEPPE  
Address: 1211 N. WESTSHORE BLVD, STE. 512  
City-St-Zip: TAMPA, FL 33607 US

Title: D ( ) Delete  
Name: RAY, SHARON KAY  
Address: 1211 N. WESTSHORE BLVD. SUITE 512  
City-St-Zip: TAMPA, FL 33607 US

Title: D ( ) Delete  
Name: YEAP, ARTHUR  
Address: 1211 N. WESTSHORE BLVD. SUITE 512  
City-St-Zip: TAMPA, FL 33607 US

Title: D ( ) Delete  
Name: KOCH, WILLIAM H MD  
Address: 1211 N. WESTSHORE BLVD. SUITE 512  
City-St-Zip: TAMPA, FL 33607 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEOD (X) Change ( ) Addition  
Name: SHAFER, JAY  
Address: 485 N. KELLER RD., SUITE 450  
City-St-Zip: MAITLAND, FL 32751 US

Title: PD (X) Change ( ) Addition  
Name: NORBERG, GUY  
Address: 485 N. KELLER RD., SUITE 450  
City-St-Zip: MAITLAND, FL 32751 US

Title: S (X) Change ( ) Addition  
Name: POST, JASON  
Address: 485 N. KELLER RD., SUITE 450  
City-St-Zip: MAITLAND, FL 32751 US

Title: T (X) Change ( ) Addition  
Name: SMITH, G. SCOTT  
Address: 485 N. KELLER RD., SUITE 450  
City-St-Zip: MAITLAND, FL 32751 US

Title: D (X) Change ( ) Addition  
Name: STASTNEY, SHAD  
Address: 485 N. KELLER RD., SUITE 450  
City-St-Zip: MAITLAND, FL 32751 US

Title: D (X) Change ( ) Addition  
Name: PHILLIPS, CHRIS  
Address: 485 N. KELLER RD., SUITE 450  
City-St-Zip: MAITLAND, FL 32751 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JASON POST

S

03/19/2009

Electronic Signature of Signing Officer or Director

Date