

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F95000002627

FILED
Apr 25, 2011
Secretary of State

Entity Name: THE AMACORE GROUP, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-3206480

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
515 E. PARK AVENUE
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: CEO
Name: SHAFER, JAY
Address: 485 N. KELLER RD., SUITE 450
City-St-Zip: MAITLAND, FL 32751 US

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

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

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

Title: D
Name: HUGHES, KEITH
Address: 485 N. KELLER RD., SUITE 450
City-St-Zip: MAITLAND, FL 32751 US

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: JASON D. POST

S

04/25/2011

Electronic Signature of Signing Officer or Director

Date