2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 20, 2012
Secretary of State

DOCUMENT# L11000005220

Entity Name: HEALTHCORE CLINICS OF SOUTH FLORIDA, LLC

Current Principal Place of Business:

8967 TAFT STREET
PEMBROKE PINES, FL 33024

New Principal Place of Business:

Current Mailing Address:

8967 TAFT STREET
PEMBROKE PINES, FL 33024

New Mailing Address:

FEI Number: 27-4504341 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

REY, RAFAEL R
8967 TAFT STREET
PEMBROKE PINES, FL 33024 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

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: REY, RAFAEL R
Address: 8967 TAFT STREET
City-St-Zip: PEMBROKE PINES, FL 33024

Title: MGRM
Name: REY, LIZZETTE
Address: 8967 TAFT STREET
City-St-Zip: PEMBROKE PINES, FL 33024

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statues.

SIGNATURE: RAFAEL R REY PRES 01/20/2012

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date