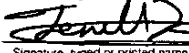
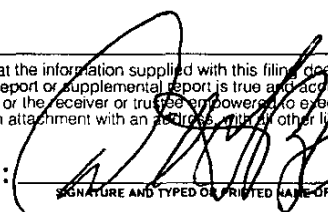


150.00

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000002899						FILED 08 MAR 12 PM 12:57 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
1. Entity Name ICORE OF FLORIDA, INC.							
Principal Place of Business 114 MORLAKE DR STE 202 MOORESVILLE, NC 28117				Mailing Address 114 MORLAKE DR STE 202 MOORESVILLE, NC 28117			
2. Principal Place of Business - No P.O. Box #				3. Mailing Address		01222008 Chg-P CR2E034 (12/06)	
Suite, Apt. #, etc.				Suite, Apt. #, etc.		4. FEI Number 01-0583437	
City & State				City & State		Applied For Not Applicable	
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301				Name CT Corporation System			
				Street Address (P.O. Box Number is Not Acceptable)			
				1200 Pine Island Road			
				City Plantation			
				FL			
				Zip Code 33324			
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 				Terrell Kearney Assistant Secretary 1/28/08			
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	PSD	☐ Delete		TITLE	☐ Change ☐ Addition		
NAME	BELL, DAVID G			NAME	800120869408		
STREET ADDRESS	114 MORLAKE DR, STE 202			STREET ADDRESS	03/21/08--01004--008 **288.75		
CITY-ST-ZIP	MOORESVILLE, NC 28117			CITY-ST-ZIP			
TITLE		☐ Delete		TITLE	☐ Change ☐ Addition		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		☐ Delete		TITLE	☐ Change ☐ Addition		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		☐ Delete		TITLE	☐ Change ☐ Addition		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		☐ Delete		TITLE	☐ Change ☐ Addition		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
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 other like empowered.							
SIGNATURE: 				3-5-2008 704-799-9061			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #			