

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000015465

Entity Name: CORE HEALTH CONCEPTS, INC.

FILED
Aug 30, 2006
Secretary of State

Current Principal Place of Business:

4200 SW 74TH AVE STE 2
FT LAUDERDALE, FL 33314

New Principal Place of Business:

13837 53RD CT. N.
ROYAL PALM BEACH, FL 33411

Current Mailing Address:

4200 SW 74TH AVE STE 2
FT LAUDERDALE, FL 33314

New Mailing Address:

13837 53RD CT. N.
ROYAL PALM BEACH, FL 33411

FEI Number: 59-3769490

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STRACHER, LES
6363 NW 6TH WAY STE 420
FT LAUDERDALE, FL 33309 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: DAVIS, LISA A
Address: 5021 NE 24TH AVE.
City-St-Zip: LIGHTHOUSE POINT, FL 33064

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: DAVIS, LISA A
Address: 13837 53RD CT. N.
City-St-Zip: ROYAL PALM BEACH, FL 33411

I hereby certify that the information supplied with this filing does not qualify for the 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: LISA A. DAVIS

PRES

08/30/2006

Electronic Signature of Signing Officer or Director

Date