

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000021506

FILED  
Apr 29, 2009  
Secretary of State

Entity Name: HEALTHCORE WELLNESS, P.A.

## Current Principal Place of Business:

THE METROPOLITAN BUILDING  
320 NORTH 1ST ST, SUITE 709  
JACKSONVILLE BEACH, FL 32250

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 50666  
JACKSONVILLE BEACH, FL 322400666 US

## New Mailing Address:

FEI Number: 30-0405405

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

FIERRO, STEPHEN F DC  
320 NORTH 1ST STREET  
SUITE 709  
JACKSONVILLE BEACH, FL 32250 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: FIERRO, STEPHEN F DC  
Address: 320 NORTH 1ST STREET, SUITE 709  
City-St-Zip: JACKSONVILLE BEACH, FL 32250 US

Title: S ( ) Delete  
Name: FIERRO, STEPHEN DC  
Address: 320 NORTH 1ST STREET, SUITE 709  
City-St-Zip: JACKSONVILLE BEACH, FL 32250 US

Title: T ( ) Delete  
Name: FIERRO, STEPHEN DC  
Address: 320 NORTH 1ST STREET, SUITE 709  
City-St-Zip: JACKSONVILLE BEACH, FL 32250

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: S (X) Change ( ) Addition  
Name: FIERRO, STEPHEN DC  
Address: 10475 CENTURION PARKWAY NORTH, SUITE 201  
City-St-Zip: JACKSONVILLE BEACH, FL 32256 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: STEPHEN F. FIERRO

P

04/29/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date