

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000021506

**FILED**  
**May 31, 2011**  
**Secretary of State**

**Entity Name:** HEALTHCORE WELLNESS, P.A.

**Current Principal Place of Business:**

THE METROPOLITAN BUILDING  
320 NORTH 1ST ST, SUITE 601  
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 601  
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

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** FIERRO, STEPHEN F DC  
**Address:** 320 NORTH 1ST STREET, SUITE 601  
**City-St-Zip:** JACKSONVILLE BEACH, FL 32250 US

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

**Title:** T  
**Name:** FIERRO, STEPHEN DC  
**Address:** 320 NORTH 1ST STREET, SUITE 601  
**City-St-Zip:** JACKSONVILLE BEACH, FL 32250

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:** STEPHEN FIERRO

DR.

05/31/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date