

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000050168

**Entity Name:** CORE HEALTH, INC.

**FILED**  
**Jan 08, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

7691 30TH AVENUE NORTH  
SAINT PETERSBURG, FL 33710

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 47476  
SAINT PETERSBURG, FL 33743

**New Mailing Address:**

FEI Number: 20-8932570      FEI Number Applied For (  )      FEI Number Not Applicable (  )      Certificate of Status Desired (  )

**Name and Address of Current Registered Agent:**

CARLSON, LINDA K  
7691 30TH AVENUE NORTH  
ST. PETERSBURG, FL 33710    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  
Name: CARLSON, ED C  
Address: 7691 30TH AVENUE NORTH  
City-St-Zip: ST. PETERSBURG, FL 33710

Title: S, T  
Name: CARLSON, LINDA K  
Address: 7691 30TH AVENUE NORTH  
City-St-Zip: ST. PETERSBURG, FL 33710

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: LINDA K CARLSON

S,T

01/08/2010

Electronic Signature of Signing Officer or Director

Date