

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000065756

Entity Name: HEALTHCORE, INC.

FILED
Mar 13, 2006
Secretary of State

Current Principal Place of Business:

P. O. BOX 2181
LAKE CITY, FL 320562181 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 2181
LAKE CITY, FL 320562181 US

New Mailing Address:

FEI Number: 59-3289883

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WATSON, KENNETH A.
1009 SW MAIN BLVD.
LAKE CITY, FL 32025 US

Name and Address of New Registered Agent:

WATSON, KENNETH A.
1009 SW MAIN BLVD.
SUITE 100
LAKE CITY, FL 32025 US

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

03/13/2006

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSTD () Delete
Name: WATSON, KENENTH A
Address: 1009 SW MAIN BLVD., STE 100
City-St-Zip: LAKE CITY, FL 32025

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: KENNETH A. WATSON

Electronic Signature of Signing Officer or Director

PSTD

03/13/2006

Date