# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jan 17, 2012**
**Secretary of State**

DOCUMENT# P94000065756

**Entity Name:** HEALTHCORE, INC.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

606 SE BAYA DR.
LAKE CITY, FL 32025 US

**Current Mailing Address:**

P. O. 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.
836 NW INDIAN SPRING DR.
LAKE CITY, FL 32055 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: C
Name: WATSON, KENENTH A
Address: 836 NW INDIAN SPRINGS DR.
City-St-Zip: LAKE CITY, FL 32055

Title: PST
Name: WASTSON, BRANDY A
Address: 836 NW INDIAN SPRINGS DR.
City-St-Zip: LAKE CITY, FL 32055

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: KENNETH A. WATSON C 01/17/2012

Electronic Signature of Signing Officer or Director — Date