

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000032833

Entity Name: CORE OF HEALTH, INC.

FILED
Apr 28, 2004
Secretary of State

Current Principal Place of Business:

8280 PRINCETON SQUARE BLVD WEST
STE # 1
JACKSONVILLE, FL 32256

New Principal Place of Business:

Current Mailing Address:

8280 PRINCETON SQUARE BLVD WEST
STE # 1
JACKSONVILLE, FL 32256

New Mailing Address:

FEI Number: 59-3371157

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ELEFANT, FRED
1650 PRUDENTIAL DRIVE STE 105
JACKSONVILLE, FL 32207

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: D () Delete
Name: LUCKIN, EVE M
Address: 8834-14 GOODBY'S EXECUTIVE DRIVE
City-St-Zip: JACKSONVILLE, FL 32217

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 Section 119.07(3)(i), 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: EVE M. LUCKEN

PRES

04/28/2004

Electronic Signature of Signing Officer or Director

_____ Date