

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**May 13, 1999 8:00 am**  
**Secretary of State**

05-13-1999 90046 027 \*\*\*150.00

DOCUMENT # P98000018721  
1. Corporation Name

NICORE CLINICS, INC. ✓

Principal Place of Business

4830 W. Kennedy Blvd.  
Suite 920  
Tampa, FL 33609

Mailing Address

4830 W. Kennedy Blvd.  
Suite 920  
Tampa, FL 33609

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

2/26/98

4. FEI Number

59-3500277 ✓

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 2302 West Swann Avenue  
Suite, Apt. #, etc.

2a. Mailing Address

26 2302 West Swann Avenue  
Suite, Apt. #, etc.

City & State

23 Tampa, FL 33609

City & State

28 Tampa, FL 33609

Zip Country

24 33609 25 US

Zip Country

29 33609 30 US

9. Name and Address of Current Registered Agent

Rowe, James C.  
100 2nd Avenue South  
Suite 400N  
St. Petersburg, FL 33701

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

P/D

Harbour, Robert M.

2302 West Swann Avenue

Tampa, FL 33609

S/T

LaBarbera, Gigi

2302 West Swann Avenue

Tampa, FL 33609

D

Smith, Trevor G.

2302 West Swann Avenue

Tampa, FL 33609

D

Hood, Stephen R.

2302 West Swann Avenue

Tampa, FL 33609

☐ Change ☒ Addition

☐ Change ☒ Addition

☐ Change ☒ Addition

☐ Change ☒ Addition

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☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Gigi LaBarbera, Secretary 4/28/99 813/259-0348

Date

Daytime Phone #

CR2E034 (11/98)