2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2004
Secretary of State

DOCUMENT# P98000018721

Entity Name: NICORE CLINICS, INC.

Current Principal Place of Business:

4897 W WATERS AVE
STE J
TAMPA, FL 33634

New Principal Place of Business:

Current Mailing Address:

4897 W WATERS AVE
STE J
TAMPA, FL 33634

New Mailing Address:

FEI Number: 59-3500277 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LABARBERA, GIGI
4897 W WATERS AVE STE J
TAMPA, FL 33634

Name and Address of New Registered Agent:

WOOLEY, BILL V
4897 W WATERS AVE STE J
TAMPA, FL 33634

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: BILL V. WOOLEY 03/16/2004
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: HARBOUR, ROBERT M
Address: 4897 W. WATERS AVE #J
City-St-Zip: TAMPA, FL 33634

Title: STD ( ) Delete
Name: LABARBERA, GIGI
Address: 4897 W. WATERS AVE #J
City-St-Zip: TAMPA, FL 33634

Title: D ( ) Delete
Name: SMITH, TREVOR G
Address: 4897 W. WATERS AVE #J
City-St-Zip: TAMPA, FL 33634

Title: D ( ) Delete
Name: HOOD, STEPHEN R
Address: 4897 W. WATERS AVE #J
City-St-Zip: TAMPA, FL 33634

Title: D (X) Delete
Name: SPANGLER, JOHN F
Address: 4897 W. WATERS AVE #J
City-St-Zip: TAMPA, FL 33634

Title: P (X) Delete
Name: WOOLEY, BILL V
Address: 4897 W. WATERS AVE #J
City-St-Zip: TAMPA, FL 33634

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: C (X) Change ( ) Addition
Name: SMITH, TREVOR G
Address: 4897 W. WATERS AVE #J
City-St-Zip: TAMPA, FL 33634

Title: VC (X) Change ( ) Addition
Name: HOOD, STEPHEN R
Address: 4897 W. WATERS AVE #J
City-St-Zip: TAMPA, FL 33634

Title: P/C (X) Change ( ) Addition
Name: WOOLEY, BILL V
Address: 4897 W. WATERS AVE #J
City-St-Zip: TAMPA, FL 33634

Title: VP (X) Change ( ) Addition
Name: BATES, GARRETT R
Address: 4897 W. WATERS AVE #J
City-St-Zip: TAMPA, FL 33634

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

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: BILL V. WOOLEY CEO 03/16/2004
Electronic Signature of Signing Officer or Director Date