

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N1100000282

**Entity Name:** CURE FOCUS RESEARCH ALLIANCE, INC.

**Current Principal Place of Business:**

550 BAY POINT ROAD  
MIAMI, FL 33137

**FILED**  
**Mar 20, 2014**  
**Secretary of State**  
**CC1461366398**

**Current Mailing Address:**

550 BAY POINT ROAD  
MIAMI, FL 33137 US

**FEI Number: NOT APPLICABLE**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

KATZ, THOMAS O  
2255 GLADES RD SUITE 240W  
BOCA RATON, FL 33431 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

Date

**Officer/Director Detail :**

Title            P  
Name            RICORDI, CAMILLO  
Address        3734 MATHESON AVE  
City-State-Zip: MIAMI FL 33133

Title            T  
Name            REDNIK, JOSHUA  
Address        200 SOUTH PARK ROAD SUITE 100  
City-State-Zip: HOLLYWOOD FL 33021

*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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: JOSHUA REDNIK**

**TREASURER**

**03/20/2014**

Electronic Signature of Signing Officer/Director Detail

Date