

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N15000006254

Entity Name: THE CURE ALLIANCE, INC.

Current Principal Place of Business:

550 BAY POINT ROAD
MIAMI, FL 33137

Current Mailing Address:

550 BAY POINT ROAD
MIAMI, FL 33137

FEI Number: 47-4390469

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

RICORDI, DR. CAMILLO
550 BAY POINT ROAD
MIAMI, FL 33137 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 ROSS, SHELLEY
Address 340 COUNTRY CLUB ROAD
City-State-Zip: NEW CANAAN CT 06840

Title S
Name BRUNICARDI, DR. CHARLES
Address 10833 LECONTE AVENUE - 72-215
CHS
City-State-Zip: LOS ANGELES CA 90095

Title T
Name RICORDI, DR. CAMILLO
Address 550 BAY POINT ROAD
City-State-Zip: MIAMI FL 33137

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: DR. CAMILLO RICORDI

T

04/28/2016

Electronic Signature of Signing Officer/Director Detail

_____ Date