

**2022 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 SECRETARY  
Name BRUNICARDI, DR. CHARLES  
Address 3355 GLENDALE AVE.  
THIRD FLOOR  
City-State-Zip: TOLEDO OH 43614

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

02/04/2022

Electronic Signature of Signing Officer/Director Detail

Date