

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000024009

Entity Name: COVERAGE CURE INC

Current Principal Place of Business:

2027 SE 10TH AVE #713
FT LAUDERDALE, FL 33316

Current Mailing Address:

2027 SE 10TH AVE #713
FT LAUDERDALE, FL 33316 US

FEI Number: 27-2132651

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WHITEMAN, IAN
2027 SE 10TH AVE #713
FT LAUDERDALE, FL 33316 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 WHITEMAN, IAN
Address 716 SE 12TH ST #14
City-State-Zip: FT LAUDERDALE FL 33316

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

SIGNATURE: IAN WHITEMAN

PRESIDENT

04/28/2016

Electronic Signature of Signing Officer/Director Detail

Date