

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 25, 2001 8:00 am**
Secretary of State

04-25-2001 90215 001 ***900.00

DOCUMENT # F96000006064

1. Entity Name

CURAFLEX HEALTH SERVICES, INC.

Principal Place of Business

Mailing Address

**1125 17TH STREET
SUITE 2100
DENVER CO 80202****1125 17TH STREET
SUITE 2100
DENVER CO 80202**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **58-1813486**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**NRAI SERVICES INC
526 E PARK AVE
TALLAHASSEE FL 32301**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	CEO	<input checked="" type="checkbox"/> Delete
NAME	SMITH, JOSEPH D	
STREET ADDRESS	1125 S. CEDARVEST BLVD., #102	
CITY-ST-ZIP	ALLENTOWN PA 18103	

TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Allen J. Marabito	
STREET ADDRESS	1125 17th Street, Suite 2100	
CITY-ST-ZIP	Denver, CO 80202	

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	MEFFE, DOMENIC A	
STREET ADDRESS	7101 TPC DRIVE, STE. 150	
CITY-ST-ZIP	ORLANDO FL 32822	

TITLE	Sr. VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Vito Ponzio, Jr.	
STREET ADDRESS	1125 17th Street, Suite 2100	
CITY-ST-ZIP	Denver, CO 80202	

TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	HOWARD, DONALD D	
STREET ADDRESS	7101 TPC DRIVE, STE. 150	
CITY-ST-ZIP	ORLANDO FL 32822	

TITLE	VP and Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	David A. Schwab	
STREET ADDRESS	1125 17th Street, Suite 2100	
CITY-ST-ZIP	Denver, CO 80202	

TITLE	VGCS	<input checked="" type="checkbox"/> Delete
NAME	LARSON, SCOTT T	
STREET ADDRESS	1125 17TH STREET, STE. 2100	
CITY-ST-ZIP	DENVER CO 80202	

TITLE	VP Controller	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Gerald A. Reynolds	
STREET ADDRESS	1125 17th Street, Suite 2100	
CITY-ST-ZIP	Denver, CO 80202	

TITLE	VPT	<input type="checkbox"/> Delete
NAME	DANITE, SCOTT R	
STREET ADDRESS	1125 17TH STREET, STE. 2100	
CITY-ST-ZIP	DENVER CO 80202	

TITLE	Sr. VP, CFO and Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	AS	<input checked="" type="checkbox"/> Delete
NAME	TAYLOR, ROBYN C	
STREET ADDRESS	1125 17TH STREET, STE. 2100	
CITY-ST-ZIP	DENVER CO 80202	

TITLE	VP Reimbursements	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Rodney Wright	
STREET ADDRESS	1125 17th Street, Suite 2100	
CITY-ST-ZIP	Denver, CO 80202	

13. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

David A. Schwab
VP and SecretaryDate **4/11/01** Daytime Phone #

CR2E034 (10/00)