

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 11, 2005 8:00 am**  
**Secretary of State**

01-11-2005 90011 040 \*\*\*150.00

**DOCUMENT # F96000006064**

1. Entity Name  
CURAFLEX HEALTH SERVICES, INC.



Principal Place of Business

1675 BROADWAY  
900  
DENVER, CO 80202

Mailing Address

1675 BROADWAY  
900  
DENVER, CO 80202

**50001410**



01032005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

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

NRAI SERVICES INC  
526 E PARK AVE  
TALLAHASSEE, FL 32301

**DO NOT WRITE  
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE P  
NAME MARABITO, ALLEN  
STREET ADDRESS 1675 BROADWAY SUITE 900  
CITY-ST-ZIP DENVER, CO 80202

TITLE SRVP  
NAME PONZIO, VITO JR  
STREET ADDRESS 1675 BROADWAY SUITE 900  
CITY-ST-ZIP DENVER, CO 80202

TITLE VPC  
NAME REYNOLDS, GERALD A  
STREET ADDRESS 1675 BROADWAY SUITE 900  
CITY-ST-ZIP DENVER, CO 80202

TITLE VPT  
NAME MOELLER, SCOTT T  
STREET ADDRESS 1675 BROADWAY, SUITE 900  
CITY-ST-ZIP DENVER, CO 80202

TITLE SVTF  
NAME DANITZ, SCOTT R  
STREET ADDRESS 1675 BROADWAY, SUITE 900  
CITY-ST-ZIP DENVER, CO 80202

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

12. 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 10 or Block 11 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

Vito Ponzio, Jr.

Date

Daytime Phone #

303-292-4973