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CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -3 PM 5:18

DOCUMENT # **K84352** **(9)**

1. Corporation Name
CURA PHARMACEUTICAL, INC.

Principal Place of Business	Mailing Address
% CONNIE CENAC 1539 PARENTAL HOME RD JACKSONVILLE FL 32216	% CONNIE CENAC 1539 PARENTAL HOME RD JACKSONVILLE FL 32216

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **04/27/1989**
3a. Date of Last Report: **08/23/1994**

2. Principal Place of Business
21 9570 Regency Sq. Blvd.
Suite, Apt. #, etc. 22
City & State 23 Jacksonville, FL.
Zip 24 32225 Country 25 DUVAL

2a. Mailing Address
26 9570 Regency Square Blvd.
Suite, Apt. #, etc. 27
City & State 28 Jacksonville, FL
Zip 29 32225 Country 30 DUVAL

4. FEI Number: **59-2944247** ☐ Applied For ☐ Not Applicable

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

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

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CENAC, CONNIE
9570 REGENCY SQUARE BOULEVARD
SUITE 3
JACKSONVILLE FL 32225

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE Connie Cenac
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when name/address changed) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS CENAC, CONNIE 4243 STRATFORD WAY JACKSONVILLE FL	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	D. S; Connie Cenac 9570 Regency Square Blvd. Jacksonville, Fl. 32225	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P CENAC, DWIGHT 4243 STRATFORD WAY JACKSONVILLE FL	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	P Dwight Cenac 9570 Regency Square Blvd. Jacksonville, Fl. 32225	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MARTINEZ, OSVALDO P.O. BOX 122 (N/A) CLARCONA FL 32710	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP		☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Connie Cenac 3/29/95 (904) 725-7100
SIGNATURE AND TITLE OR PRINTED NAME OF MANAGING OFFICER OR DIRECTOR Date Telephone #

0617018 CP