

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000010269

FILED  
Apr 26, 2011  
Secretary of State

**Entity Name:** FEDERAL CURE, INCORPORATED

**Current Principal Place of Business:**

7580 NW 5TH ST  
15667  
PLANTATION, FL 33318 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 15667  
PLANTATION, FL 33318 US

**New Mailing Address:**

FEI Number: 20-0427864

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

JAY, JANA V ESQ.  
2681 AIRPORT ROAD SOUTH  
SUITE C-105  
NAPLES, FL 34112 US

**Name and Address of New Registered Agent:**

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

**OFFICERS AND DIRECTORS:**

Title: D  
Name: VARCA, MARK A D  
Address: P.O. BOX 15667  
City-St-Zip: PLANTATION, FL 333185667 US

Title: D  
Name: VARCA, ANTHONY J D  
Address: P.O. BOX 15667  
City-St-Zip: PLANTATION, FL 333185667 US

Title: D  
Name: JAY, JANA V D  
Address: 2681 AIRPORT ROAD SOUTH, SUITE C-105  
City-St-Zip: NAPLES, FL 34122

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: MARK A. VARCA

D

04/26/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date