**FILE NOW: FILING FEE AFTER MAY 1 IS $150.00**

**APPROVED AND FILED**

95 JUL 11 PM 4:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

CORPORATION ANNUAL REPORT
1995

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

DOCUMENT # N94000002158 (3)

1. Corporation Name
CUREINC.

| Principal Place of Business | Mailing Address |
|---|---|
| 2601 DOUGLAS ROAD, #903<br>CORAL GABLES FL 33133 | 2601 DOUGLAS ROAD, #903<br>CORAL GABLES FL 33133 |

3. Date Incorporated or Qualified: 05/02/1994
3a. Date of Last Report:
4. FEI Number: 65-0481456 ☐ Applied For ☐ Not Applicable
2. Principal Place of Business 21:
2a. Mailing Address 26:
Suite, Apt. #, etc. 22:
Suite, Apt. #, etc. 27:
City & State 23:
City & State 28:
Zip 24: Country 25:
Zip 29: Country 30:
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

POLETTI, LUIS S M.D.
2601 DOUGLAS ROAD, #903
CORAL GABLES FL 33133

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | D | 1.1 TITLE | ☐ Change ☐ Addition |
| NAME | POLETTI, LUIS S M.D. | 1.2 NAME | 900001536099 |
| STREET ADDRESS | 3280 N. 37TH STREET | 1.3 STREET ADDRESS | -07/12/95--01077--012 |
| CITY-ST-ZIP | HOLLYWOOD FL 33021 | 1.4 CITY-ST-ZIP | *****61.25 *****61.25 |
| TITLE | D | 2.1 TITLE | ☐ Change ☐ Addition |
| NAME | RALLO, NELSON | 2.2 NAME | |
| STREET ADDRESS | 5319 S.W. 152ND CIRCLE | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI FL 33185 | 2.4 CITY-ST-ZIP | |
| TITLE | D | 3.1 TITLE | ☐ Change ☐ Addition |
| NAME | RODRIGUEZ, JORGE DR. | 3.2 NAME | |
| STREET ADDRESS | 5511 S.W. 132ND AVENUE | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI FL 33175 | 3.4 CITY-ST-ZIP | |
| TITLE | D | 4.1 TITLE | ☐ Change ☐ Addition |
| NAME | ALONSO, NEREYDA R.N. | 4.2 NAME | |
| STREET ADDRESS | CAMPINA #81 | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | CORAL GABLES FL 33134 | 4.4 CITY-ST-ZIP | |
| TITLE | D | 5.1 TITLE | ☐ Change ☐ Addition |
| NAME | GISPERT, JOSE M | 5.2 NAME | |
| STREET ADDRESS | 7501 S.W. 138TH COURT | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI FL 33183 | 5.4 CITY-ST-ZIP | |
| TITLE | D | 6.1 TITLE | ☐ Change ☐ Addition |
| NAME | KITSOS, C.N. M.D. | 6.2 NAME | 995 7/11/95 |
| STREET ADDRESS | 9000 N.E. 2ND AVENUE | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI SHORES FL 33138 | 6.4 CITY-ST-ZIP | |

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] Poletti, Luis S. M.D. 5/24/95 (305) 443-0009
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #