


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2004 08:00 AM
Secretary of State

DOCUMENT # N97000005619	
1. Entity Name SYNCURE, INC.	

Principal Place of Business 3216 SESSIONS RD STE 200 TALLAHASSEE, FL 32303	Mailing Address 3216 SESSIONS RD STE 200 TALLAHASSEE, FL 32303
--	--

DO NOT WRITE IN THIS SPACE



01082004 No Chg-NP CR2E037 (10/03)

4. FEI Number 31-1574909	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent HOLTON, ROBERT A 7125 UPLAND GLADE TALLAHASSEE, FL 32312	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HOLTON, ROBERT A 7125 UPLAND GLADE TALLAHASSEE, FL 32312
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KRAFFT, MARIE E 7125 UPLAND GLADE TALLAHASSEE, FL 32312
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD SMIT, MARIE C DEPT. OF CHEMISTRY FLA STATE UNIVERSITY TALLAHASSEE, FL 32306
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MATTHEW, SIDNEY L 135 SOUTH MONROE STREET TALLAHASSEE, FL 32301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D METTS, LEWIS L 161 HIGHLAND AVENUE RIDGEWOOD, NJ 07450
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ED DEVINE, MICHAEL D 3216 SESSIONS RD STE 200 TALLAHASSEE, FL 32303

U000000092931
03/19/04-80028-016 61.25

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)(f), 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 617, 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: Marie Smit MARIE C. SMIT 3/14/04 850-558-0400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #