

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2006 8:00 am
Secretary of State

02-10-2006 90032 031 ****61.25

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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01052006 Chg-NP CR2E037 (11/05)

4. FEI Number
31-1574909

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HOLTON, ROBERT A
7125 UPLAND GLADE
TALLAHASSEE, FL 32312**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME HOLTON, ROBERT A
STREET ADDRESS 7125 UPLAND GLADE
CITY-ST-ZIP TALLAHASSEE, FL 32312

TITLE ☐ Change ☒ Addition
NAME **D Michael P. Smith**
STREET ADDRESS **FSU - 2215 University Ctr., Bldg. C**
CITY-ST-ZIP **Tallahassee, FL 32306-2641**

TITLE VD ☐ Delete
NAME KRAFFT, MARIE E
STREET ADDRESS 7125 UPLAND GLADE
CITY-ST-ZIP TALLAHASSEE, FL 32312

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE STD ☐ Delete
NAME SMIT, MARIE C
STREET ADDRESS DEPT. OF CHEMISTRY FLA STATE UNIVERSITY
CITY-ST-ZIP TALLAHASSEE, FL 32306

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME MATTHEW, SIDNEY L
STREET ADDRESS 135 SOUTH MONROE STREET
CITY-ST-ZIP TALLAHASSEE, FL 32301

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME METTS, LEWIS L
STREET ADDRESS 161 HIGHLAND AVENUE
CITY-ST-ZIP RIDGEWOOD, NJ 07450

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ED ☐ Delete
NAME DEVINE, MICHAEL D
STREET ADDRESS 3216 SESSIONS RD STE 200
CITY-ST-ZIP TALLAHASSEE, FL 32303

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 C. Smit* **MARIE C. SMIT** *2/3/06* **850-558-0400**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #