

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000045493

**FILED**  
**Feb 08, 2011**  
**Secretary of State**

**Entity Name:** KURE A SPORTS AND REHAB CENTER INC

**Current Principal Place of Business:**

721 COLORADO AVE  
UNIT 102  
STUART, FL 34994

**New Principal Place of Business:**

**Current Mailing Address:**

721 COLORADO AVE  
UNIT 102  
STUART, FL 34994

**New Mailing Address:**

**FEI Number:** 65-1039428

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LARIVEE, GEORGE  
3850 LAKE WORTH ROAD  
APT 1  
LAKE WORTH, FL 33461 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: P  
Name: LARIVEE, GEORGE  
Address: 3850 LAKE WORTH ROAD APT 1  
City-St-Zip: LAKE WORTH, FL 33461

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: GEORGE LARIVEE

PRES

02/08/2011

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

\_\_\_\_\_  
Date