2006 FOR PROFIT CORPORATION

ANNUAL REPORT

FILED Apr 24, 2006 8:00 am

DOCUMENT # P18884					04-24-2006 90384 043 ***150.00				
1. Entity Nam CURATIV	^{ne} /E HEALTH SERVICES CO.					04-24-2000	b 90 38 4 ()43 ****130	.00
Principal Plac	ce of Business	Mailing Address				700	_		
150 MOTOR	PKWY	61 SPIT BROOK RD			***				
HAUPPAUGE	, NY 11788 US	NASHUA, NH 03060	US						
						1 161 141 161 18 2	SILI ZIZII ZIZII		
2. Principal Place of Business (a) Spi+ Brook Rd. 3. Mailing Addre									
Suite, Apt. #, etc. Ste. 505		Suite, Apt. #, etc.	Suite, Apt. #, etc.		04172006	Chg-P	CR2	E034 (11/05)	
City & Stat		City & State			4. FEI Numb	er		Ar	plied For
-	hua, NH	. ,			41-150	-			t Applicable
Zip	Country	Zip	Country		5. Certificate	of Status Desired	d 🗆	\$8.75 Add	
030	6. Name and Address of Current F	Posistared Agent				Address of Nev		Fee Require	
	. o. Name and Address of Current P	reBistelen Wäsitt	Name		r. Maine and	Address of Nev	w KaAlpraid	u Agent - ·	
	ATION SERVICE COMPANY								···
1201 HAYS STREET			Street A	ddress (P.O. Box Numb	er is Not Accepta	able)		
TALLAHASSEE, FL 32301									
			City					■ Zip Cod	ρ
						-44	F	<u> </u>	
	e named entity submits this statement for tions of registered agent.	the purpose of changing its re	gistered office o	r register	ed agent, or bo	th, in the State of	Florida. I a	m familiar with,	and accept
SIGNATURE.	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE: F	Registered Agent signat	ure required	when reinstating)		DATE	, , ', h <u></u>	
	E NOW!!! FEE IS \$150.00	9. Election Campaign Trust Fund Contrib		\$5.	.00 May Be ed to Fees				
Atter M	ay 1, 2006 Fee will be \$550.0	n rost runa Contina	idilon.	Auu	ed to rees			•	
10.	OFFICERS AND I	DIRECTORS	11.		ADDITIONS	CHANGES TO C	FFICERS A	ND DIRECTOR:	S IN 11
TITLE	T AVMACHED THOMAS	☐ Delete	TITLE	AVA	Acuca	TULANC		🔀 Change	Addition
NAME STREET ADDRESS	AXMACHER, THOMAS 150 MOTOR PKWY		NAME STREET ADDRESS	(a)	SPIT R	THOMAS ROOK RD			
CITY-ST-ZIP	HAUPPAUGE, NY 11788		CITY-ST-ZIP	AU.	SHUA.	NH 030	060		
TITLE	D	☐ Delete	TITLE			<u> </u>		☐ Change	Addition
NAME	MCCONNELL, PAUL F		NAME						
STREET ADDRESS	61 SPIT BROOK RD		STREET ADDRESS						
CITY-ST-ZIP	NASHUA, NH 03060	X	CITY-ST-ZIP	ļ					
TITLE	SD LANIS, NANCY	Delete	TITLE NAME					☐ Change	☐ Addition
STREET ADDRESS	150 MOTOR PKWY.		STREET ADDRESS						
CITY-ST-ZIP	HAUPPAUGE, NY 11788		CITY-ST-ZIP						
TITLE	PD	☐ Delete	TITLE	724				Æ Change	☐ Addition
NAME	PRIOR, JOHN		NAME	PRI	IOR, JOH	NC. ROOK R	7		
STREET ADDRESS CITY-ST-ZIP	150 MOTOR PKWY HAUPPAUGE, NY 11788		STREET ADDRESS CITY-ST-ZIP	61	SPIT B	KOOK N	2010		
TITLE	1	☐ Delete	TITLE	NH	situa,	NH DE	3000	Change	Addition
NAME			NAME						
STREET ADDRESS			STREET ADDRESS						
CITY-ST-ZIP			CITY-ST-ZIP				•		
TITLE		☐ Delete	TITLE					☐ Change	☐ Addition
NAME STREET ADDRESS			NAME Street address						
OFFICE MUUNESS									

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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with apother like empowered.

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