## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION **ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

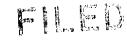
Secretary of State DIVISION OF COMPORATIONS

DOCUMENT # P95000039272 (6)

CUREMED, INC.

Principal Place of Business

Mailing Address



97 JUN 27 AM 9: 48

SECRETARY OF STATE TALLAHASSEE FLORIDA



| HOLLYWOOD FL 33020   |   |                          | HOLLYWOOD FL 33020-2942 |                    |  |                                       |                |
|--|---|--------------------------|-------------------------|--------------------|--|---------------------------------------|----------------|
|  |   |                          |                         |                    | 3. Date Incorporated or Qualified 05/17/1995                           | 3a. Date of Last 06/26/1996           |                |
|  | lace of Business                          | 2a. Mailing Address      | h                       |                    | 4. FEI Number  | · · · · · · · · · · · · · · · · · · · | Applied For    |
| 21   |   | 26 P.O. BOX 260          | 27                      |                    | 65-0601457   |                                       | Vot Applicable |
| Suite, Apt. #, etc.  |   | Suite, Apt. #, etc.      | Suite, Apt. #, etc.     |                    | 5. Certificate of Status Desired                                       | \$8.75                                | Additional     |
| 22   |   | 27                       |                         |                    | 6. Certificate of Status Desired                                       | └ Fee I                               | Required       |
| City & State   | е   | City & State             |                         |                    | 6. Election Campaign Financing   | \$5.0                                 | 0 May Be       |
| 23   |   |                          | \$                      |                    | Trust Fund Contribution  |                                       | d to Fees      |
| Zip  | Country                                   | Z(p                      | Countr                  | У                  | 8. This corporation has liability for intangible tax under s. 199.032, |                                       |                |
| 24   | 25  |                          | 30                      |                    | Florida Statutes Yes No  |                                       |                |
| 0145   | 9, Name and Address of (                  | Current Registered Agent |                         | <del> </del>       | 10. Name and Address of New Reg  | Istered Agent                         |                |
| i colational unaut to  |   |                          |                         | 81 Name            |  |                                       |                |
|  | NORTH 28TH COURT                          |                          | 82 Street Add           |                    | ddress (P.O. Box Number is Not Acceptable)                             |                                       |                |
| HOL  | LYWOOD FL 33020                           |                          |                         |                    |  | ···                                   |                |
|  |   |                          | 83                      | 3                  |  |                                       |                |
|  | 1 /                                       |                          | 84                      | City               |  | los Zie                               | Code           |
| ·  |   |                          |                         | 1 ′                |  |                                       |                |
| 11. Pursuant to the provisions of \$100,0502 and 607.0508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or fight, 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 are tap flag with applications of Section 607.0505, Florida Statutes. |   |                          |                         |                    |  |                                       |                |
| agent. Lag familiar with applications of Special Section 607.0505, Florida Statutes.   |   |                          |                         |                    |  |                                       |                |
| SIGNATURE / WWW ACCOUNTS   |   |                          |                         |                    |  |                                       |                |
|  | gnature, typed or printed name of regist- |                          | : Reg-stered Aq         | jent signature red | quired when reinstating)   | DATE                                  |                |
| 12.  |   | RS AND DIRECTORS         | 13.                     |                    | ADDITIONS/CHANGES TO OFFIC   |                                       |                |
| ALL'É  | D ANDY A                                  | ☐ DELETE                 |                         |                    | 1 000022   | Change                                | Addition       |
| NAME   | 4644 MODELL GOLLOT                        |                          | 1.2 NAME                |                    | 100002227431°43°<br>-07/01/9701034002                                  |                                       | .002 S         |
| STREET ADDRESS   | 1611 NORTH 28TH COURT                     |                          | 1.3 STREE               | 1 ADDRESS          | ****165.00 ****165.00  |                                       |                |
| CITY-ST-ZIP  | HOLLYWOOD FL 33020                        |                          | 14 CITY-                | ST-716             |  |                                       |                |
| TATLE  |   | ☐ DELFTE 21TI            |                         |                    |  | Change                                | Addition C     |
| NAME   |   | 22 N                     |                         |                    |  |                                       | 1              |
| STREET ADDRESS   | 2.3 \$                                    |                          | 2.3 STREE               | 1 ADDRESS          |  |                                       |                |
| CITY-ST-ZIP  |   |                          | 2.4 CITY                | ST - ZIP           |  |                                       |                |
| TITLE  | DELETE 3.1 TO                             |                          | 3.1 TITLE               |                    |  | ☐ Change                              | Addition       |
| NAME   | 3.2 N                                     |                          | 3.2 NAME                |                    |  |                                       | 1              |
| STREET ADDRESS   |   |                          | 3.3 STREE               | I ADDRESS          |  |                                       |                |
| CITY-ST-ZIP  | <u> </u>                                  |                          | 3.4. CITY-              | S1-ZIP             |  |                                       |                |
| TITLE  | DELETE 4.1 T                              |                          | 4.1 TITLE               |                    |  | ☐ Change                              | Addition       |
| NAME   |   |                          | 4. 2 NAME               |                    |  |                                       |                |
| STREET ADDRESS   |   |                          | 4.3 STREE               | T ADDRESS          |  |                                       |                |
| CITY - ST - ZIP  |   |                          | 4.4 CITY-               | ST-7IP             |  |                                       |                |
| TITLE  |   | ☐ DELETE                 | 5.1 TITLE               |                    |  | ☐ Change                              | Addition       |
| NAME   |   |                          | 52 NAME                 | Ì                  |  |                                       |                |
| STREET ADDRESS   |   |                          | 53 STREE                | 1 ADDRESS          |  |                                       |                |
| CITY-ST-ZIP  |   |                          | 5.4 CITY-               | - 1                |  |                                       |                |
| TITLE  | **************************************    | DELETE                   | 6.1 TITLE               |                    |  | Change                                | Addition       |
| NAME   |   |                          | 6 2 NAME                |                    |  |                                       |                |
| STREET ADDRESS   |   |                          |                         | T ADDRESS          |  |                                       | ľ              |
| CITY-ST-ZIP  |   |                          | 6 4 CITY-ST-ZIP         |                    |  |                                       |                |
| 44 1 44 5  |   |                          | 0.401111                |                    |  |                                       |                |

I do hereby certify that the information supplied with this filling does not goldlify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this appliance of this appliance of the same legal effect as if made under oath; that I am an officer or director of the co-poration or the regieving or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 is chapted, or on all all chment with an address.