

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P96000018433

**FILED**  
**Apr 27, 2011**  
**Secretary of State**

**Entity Name:** NATURE CURE OF SOUTH FLORIDA, INC.

**Current Principal Place of Business:**

C/O MICHAEL HUESTON  
2100 24TH ST SW  
LARGO, FL 33774

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 1031  
INDIAN ROCKS BEACH, FL 33785 US

**New Mailing Address:**

**FEI Number:** 65-0656806

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HUESTON, JEAN  
2100 24TH ST SW  
LARGO, FL 33774 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:** HUESTON, MICHAEL  
**Address:** 2100 24TH ST SW  
**City-St-Zip:** LARGO, FL 33774

**Title:** T  
**Name:** HUESTON, JEAN  
**Address:** 2100 24TH ST SW  
**City-St-Zip:** LARGO, FL 33774

**Title:** VP  
**Name:** HUESTON, MICHAEL K  
**Address:** 2100 24TH ST SW  
**City-St-Zip:** LARGO, FL 33774

**Title:** S  
**Name:** HUESTON, JEM D  
**Address:** 2100 24TH ST SW  
**City-St-Zip:** LARGO, FL 33774

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:** JEAN M HUESTON

T

04/27/2011

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

\_\_\_\_\_  
Date