FILED
Jun 16, 2002 8:00 am
Secretary of State
05-24-2002 91339 013 ***150.00

93018

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000022918

1. Entity Name
CURE Medical SERVices, Inc.
59-3502557

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 1099 NEW CASTle LN
Suite, Apt. #, etc.
City & State: OViedo, FL
Zip: 32765 Country: SEMINOLE

3. Mailing Address: 1099 NEW CASTle LN
Suite, Apt. #, etc.
City & State: OViedo FL
Zip: 32765 Country: SEMINOLE

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-3502557 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name: Richard McCrocklin
Street Address (P.O. Box Number is Not Acceptable): 1099 NEW CASTle LN
City: OViedo FL FL Zip Code: 32765

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.

SIGNATURE: [signature] Richard McCrocklin 6-2-02
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES. Richard McCrocklin 1099 NEW CAStle LN OViedo FL 32765	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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CR2E034B (12/01)

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] Richard McCrocklin Pres 5-6-02 (407) 359 5836
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

5/24/2002-91339-013-$150.00-$150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000022918

1. Entity Name
CURE Medical SERVICES, INC.
59-3502557

DO NOT WRITE IN THIS SPACE

Please note: Attachment
All information is same, no changes in Address, assignments or officers
93018
Thank you

2. Principal Place of Business	3. Mailing Address
1099 NEW CASTLE LN	1099 NEW CASTLE LN
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Oviedo, FL	City & State: Oviedo FL
Zip: 32765 Country: SEMINOLE	Zip: 32765 Country: SEMINOLE

DO NOT WRITE IN THIS SPACE

Fee Required

7. Name and Address of Current Registered Agent
Name: Richard McCROCKLIN
Street Address (P.O. Box Number is Not Acceptable): 1099 NEW CASTLE LN
City: Oviedo FL FL Zip Code: 32765

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.

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Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating)
DATE: 6-2-02

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SIGNATURE: Richard McCrocklin PRES 5-6-02 (407)359 5836
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date