

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 19, 2006 08:00 AM
Secretary of State

DOCUMENT # P98000022918

1. Entity Name
CURE MEDICAL SERVICES, INC.



Principal Place of Business
**1099 NEWCASTLE LANE
OVIEDO, FL 32765**

Mailing Address
**1099 NEWCASTLE LANE
OVIEDO, FL 32765**



04172006 No Chg-P CR2E034 (11/05)

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**

6. Name and Address of Current Registered Agent

**MCCROCKLIN, RICHARD K II
1099 NEWCASTLE LANE
OVIEDO, FL 32765**

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of, registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and (if applicable)

(NOTE: Registered Agent signature required when reinstalling)

DATE

4-17-06

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	MCCROCKLIN, RICHARD K II
STREET ADDRESS	1099 NEWCASTLE LANE
CITY-ST-ZIP	OVIEDO, FL 32765
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000518080
05/01/06-80074-013 150.00

**DO NOT WRITE
IN THIS SPACE**

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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-17-06 **407**
359-5836