


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Jul 27, 2007 08:00 AM
Secretary of State

DOCUMENT # P98000022918 1. Entity Name CURE MEDICAL SERVICES, INC.	
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Principal Place of Business 1099 NEWCASTLE LANE OVIEDO, FL 32765	Mailing Address 1099 NEWCASTLE LANE OVIEDO, FL 32765
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07242007 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 <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MCCROCKLIN, RICHARD K II 1099 NEWCASTLE LANE OVIEDO, FL 32765
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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 _____ U000000770719
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 07/27/07-800003-024 150.00
DATE

FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MCCROCKLIN, RICHARD K II 1099 NEWCASTLE LANE OVIEDO, FL 32765
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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:  Richard McCrocklin II 7-21-07 407 493-3222
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #