

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000037294

1. Entity Name

CURE SOUTHEAST MEDICAL SERVICES, INC.

Principal Place of Business

3859 CORAL TREE CIRCLE, SUITE 105
COCONUT CREEK FL 33073

Mailing Address

3859 CORAL TREE CIRCLE, SUITE 105
COCONUT CREEK FL 33073

2. Principal Place of Business

4040 CRYSTAL LAKE DR #101

3. Mailing Address

STATE

Suite, Apt. #, etc.

5th 101

Suite, Apt. #, etc.

City & State

DEERFIELD BEACH, FL

City & State

Zip

33064

Country

Zip

Country

6. Name and Address of Current Registered Agent

SNURR, KENNETH S
3859 CORAL TREE CIRCLE, SUITE 105
COCONUT CREEK FL 33073

7. Name and Address of New Registered Agent

Name

SNURR, KENNETH S

Street Address (P.O. Box Number is Not Acceptable)

4040 CRYSTAL LAKE DR #101

City

DEERFIELD BEACH, FL

FL

Zip Code

33064

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, 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)

FILE NOW!!! FEE IS \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 ☐ Delete
NAME D
STREET ADDRESS SNURR, KENNETH S
CITY-ST-ZIP 3859 CORAL TREE CIRCLE, SUITE 105
COCONUT CREEK FL 33073

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 4040 CRYSTAL LAKE DR #101
CITY-ST-ZIP DEERFIELD BEACH FL 33064

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Sep 18, 2000 8:00 am
Secretary of State

09-18-2000 90003 003 ***550.00



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0831047

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

CR2E034 (5/00)