

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000037294

FILED
May 01, 2005
Secretary of State

Entity Name: CURE SOUTHEAST MEDICAL SERVICES, INC.

Current Principal Place of Business:

4040 CRYSTAL LAKE DR
101
POMPANO BEACH, FL 33064

New Principal Place of Business:

1006 S.E. 9TH STREET
CAPE CORAL, FL 33990

Current Mailing Address:

4040 CRYSTAL LAKE DR
101
POMPANO BEACH, FL 33064

New Mailing Address:

1006 S.E. 9TH STREET
CAPE CORAL, FL 33990

FEI Number: 65-0831047

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SNURR, KENNETH S
4040 CRYSTAL LAKE DR
101
DEERFIELD BEACH, FL 33064 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

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SNURR, KENNETH S PRES.
Address: 4040 CRYSTAL LAKE DR #101
City-St-Zip: DEERFIELD BEACH, FL 33064

Title: V.P. () Delete
Name: MARTIN, ROBERT V.P.
Address: 1702 S. W. 11TH AVE
City-St-Zip: CAPE CORAL, FL 33991 US

Title: TREA () Delete
Name: CHAHANOVICH, ROBIN T TREAS
Address: 12413 WINDMILL COVE DR.
City-St-Zip: RIVERVIEW, FL 33569 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: KENNETH S SNURR

PRES

05/01/2005

Electronic Signature of Signing Officer or Director

Date