

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03000010269

**Entity Name:** FEDERAL CURE, INCORPORATED

**Current Principal Place of Business:**

7580 NW 5TH ST  
15667  
PLANTATION, FL 33318

**Current Mailing Address:**

P.O. BOX 15667  
PLANTATION, FL 33318 US

**FEI Number:** 20-0427864

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

JAY, JANA VESQ.  
2681 AIRPORT ROAD SOUTH  
SUITE C-105  
NAPLES, FL 34112 US

*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

**Officer/Director Detail :**

Title D  
Name VARCA, MARK AD  
Address P.O. BOX 15667  
City-State-Zip: PLANTATION FL 33318-5667

Title D  
Name VARCA, MARK A. II  
Address P.O. BOX 15667  
City-State-Zip: PLANTATION FL 33318-5667

Title D  
Name JAY, JANA VD  
Address 2681 AIRPORT ROAD SOUTH, SUITE  
C-105  
City-State-Zip: NAPLES FL 34122

*I hereby 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** MARK A. VARCA

**DIRECTOR**

**04/27/2018**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date