

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N14000005662

**FILED**  
**Mar 08, 2016**  
**Secretary of State**  
**CC1834971385**

**Entity Name:** CURE CANCER FOUNDATION INC.

**Current Principal Place of Business:**

C/O HENRY H. RAATTAMA, JR.  
ONE SOUTHEAST THIRD AVENUE, SUITE 2500  
MIAMI, FL 33131

**Current Mailing Address:**

C/O HENRY H. RAATTAMA, JR.  
ONE SOUTHEAST THIRD AVENUE, SUITE 2500  
MIAMI, FL 33131

**FEI Number:** 37-1761072

**Certificate of Status Desired:** No

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

NRAI SERVICES, INC  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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           DIRECTOR  
Name           OLSON, URBAN  
Address        142 W. 130TH ST.  
                  APT. 9  
City-State-Zip: NEW YORK NY 10027

Title           DIRECTOR  
Name           SODERBERG-NAUCLERS, CECILIA  
Address        C/O HENRY H. RAATTAMA, JR.  
                  ONE SOUTHEAST THIRD AVENUE,  
                  SUITE 2500  
City-State-Zip: MIAMI FL 33131

Title           DIRECTOR  
Name           ANIANSOON, PER  
Address        C/O HENRY H. RAATTAMA, JR.  
                  ONE SOUTHEAST THIRD AVENUE,  
                  SUITE 2500  
City-State-Zip: MIAMI FL 33131

*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:** URBAN OLSON

**DIRECTOR**

**03/08/2016**

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

\_\_\_\_\_  
Date