

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000070408

**Entity Name:** JOSE CURA D.D.S. P.A.

**Current Principal Place of Business:**

1878 SW 57 AVE  
MIAMI, FL 33155

**Current Mailing Address:**

1878 SW 57 AVE  
MIAMI, FL 33155

**FEI Number: 32-0023242**

**Certificate of Status Desired: No**

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

CURA, JOSE  
9800 S.W. 35TH TERRACE  
MIAMI, FL 33165 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 DR  
Name CURA, JOSE  
Address 9800 SW 35TH TERRACE  
City-State-Zip: MIAMI FL 33165

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

**SIGNATURE: JOSE CURA DDS**

**PRESIDENT**

**04/23/2014**

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

\_\_\_\_\_  
Date