

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000005970

Entity Name: SALLY J. CURE, P.A.

Current Principal Place of Business:

19 ENCLAVE POINT SOUTH
HOMOSASSA, FL 34446

Current Mailing Address:

19 ENCLAVE POINT SOUTH
HOMOSASSA, FL 34446

FEI Number: 20-8078534

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CURE, SALLY
19 ENCLAVE POINT SOUTH
HOMOSASSA, FL 34446 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 DPST
Name CURE, SALLY
Address 19 ENCLAVE POINT SOUTH
City-State-Zip: HOMOSASSA FL 34446

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: SALLY J. CURE

OWNER

04/26/2013

Electronic Signature of Signing Officer/Director Detail

Date