

**2015 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

**PRESIDENT**

**04/29/2015**

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

\_\_\_\_\_  
Date