

2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000005970

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

Current Principal Place of Business:

7 WOODASH CT
HOMOSASSA, FL 34446

Current Mailing Address:

7 WOODASH CT
HOMOSASSA, FL 34446 US

FEI Number: 20-8078534

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CURE, SALLY
7 WOODASH CT
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 7 WOODASH CT
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 CURE

DPST

05/01/2017

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date