

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P21000093115

**Entity Name:** CURE ALL MED, INC.

**Current Principal Place of Business:**

8355 S.W. 39TH STREET  
MIAMI, FL 33155

**Current Mailing Address:**

4209 ABERNATHY WAY  
FORT PIERCE, FL 34947 US

**FEI Number: 87-3380972**

**Certificate of Status Desired: No**

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

GUIA, DIANA  
8355 S.W. 39TH STREET  
MIAMI, FL 33155 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 P  
Name GUIA, DIANA  
Address 8355 S.W. 39TH STREET  
City-State-Zip: MIAMI FL 33155

Title VP  
Name GUIA, DIANA  
Address 8355 S.W. 39TH STREET  
City-State-Zip: MIAMI FL 33155

Title SEC  
Name GUIA, DIANA  
Address 8355 S.W. 39TH STREET  
City-State-Zip: MIAMI FL 33155

Title TREA  
Name GUIA, DIANA  
Address 8355 S.W. 39TH STREET  
City-State-Zip: MIAMI FL 33155

*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: DIANA GUIA** \_\_\_\_\_

03/06/2024

Electronic Signature of Signing Officer/Director Detail

Date