2025 FLORIDA PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2025
Secretary of State
1973534005CC

DOCUMENT# P22000085948

Entity Name: CUORE HEALTHCARE INC.

Current Principal Place of Business:

1001 SE MONTEREY COMMONS BLVD, SUITE 300
STUART, FL 34996

Current Mailing Address:

1001 SE MONTEREY COMMONS BLVD, SUITE 300
STUART, FL 34996 US

FEI Number: 92-1094952

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

JAMES SOPKO
411 SE OSCEOLA STREET, SUITE 200
STUART, FL 34994 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	DP	Title	D
Name	JOSEPHS. GAGE, M.D.	Name	STEPHEN E. MCINTYRE, M.D.
Address	1001 SE MONTEREY COMMONS BLVD, SUITE 300	Address	1001 SE MONTEREY COMMONS BLVD, SUITE 300
City-State-Zip:	STUART FL 34996	City-State-Zip:	STUART FL 34996
Title	DS	Title	DT
Name	LARRY H. MUFSON, M.D.	Name	NORMAN E. BENNETT, M.D.
Address	1001 SE MONTEREY COMMONS BLVD, SUITE 300	Address	1001 SE MONTEREY COMMONS BLVD, SUITE 300
City-State-Zip:	STUART FL 34996	City-State-Zip:	STUART FL 34996
Title	D		
Name	W. JASON MCMANUS, M.D.		
Address	1001 SE MONTEREY COMMONS BLVD, SUITE 300		
City-State-Zip:	STUART FL 34996		

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: JOSEPHS. GAGE, M.D. DP 01/29/2025

Electronic Signature of Signing Officer/Director Detail — Date