2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F15000003226

Entity Name: CURTISS HEALTHCARE, INC.

Current Principal Place of Business:

12085 RESEARCH DRIVE BOX CHC-210 ALACHUA, FL 32615

Current Mailing Address:

12085 RESEARCH DRIVE BOX CHC-210 ALACHUA, FL 32615 US

FEI Number: 47-4563237 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 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: CAROLINE KRIZ 02/23/2018

Electronic Signature of Registered Agent

Officer/Director Detail:

Title PCEO Title D

NameBIGGER, THOMASNameBIGGER, THOMASAddress10360 SW 39TH PLACEAddress10360 SW 39TH PLACECity-State-Zip:GAIENSVILLE FL 32608City-State-Zip:GAIENSVILLE FL 32608

Title CSOD Title S

Name CURTISS, ROY Name GEFFEN, LEWIS J

Address 10360 SW 39TH PLACE Address ONE FINANCIAL CENTER

City-State-Zip: GAIENSVILLE FL 32608 City-State-Zip: BOSTON MA 02111

Title T Title DIRECTOR

NameBIGGER, THOMASNameNORDGREN, ROBERTAddress10360 SW 39TH PLACEAddress2162 ELDER MILL ROADCity-State-Zip:GAIENSVILLE FL 32608City-State-Zip:WATKINSVILLE GA 30677

Title DIRECTOR Title CFO

Name WILKINSON, GLEN Name HASSIE, PAUL

Address 525 WESTPARK DRIVE Address 10222 SW 52ND AVENUE
City-State-Zip: PEACHTREE CITY GA 30269 City-State-Zip: GAINESVILLE FL 32608

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: PAUL HASSIE CFO 02/23/2018

FILED Feb 23, 2018

Secretary of State

CC7227328280

Date