

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P23000019919

**Entity Name:** CURE DIAGNOSTIC SERVICE INC

**Current Principal Place of Business:**

900 W 49TH ST, STE 330A  
HIALEAH, FL 33012

**Current Mailing Address:**

900 W 49TH ST, STE 330A  
HIALEAH, FL 33012 US

**FEI Number:** 92-2960582

**Certificate of Status Desired:** No

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

DE MESA, ALEXANDER M  
900 W 49TH ST, STE 330A  
HIALEAH, FL 33012 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 ALEXANDER MONTANE DE MESA  
Address 900 W 49TH ST, STE 330A  
City-State-Zip: HIALEAH FL 33012

*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:** ALEXANDER MONTANE DE MESA

P

02/05/2024

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

\_\_\_\_\_ Date