

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000108382

**Entity Name:** NETCLARIFY, INC.**Current Principal Place of Business:**6918 NW 48TH LANE  
ATTN: DR. ARNOLD HEGGESTAD  
GAINESVILLE, FL 32653**Current Mailing Address:**6918 NW 48TH LANE  
ATTN: DR. ARNOLD HEGGESTAD  
GAINESVILLE, FL 32653 US**FEI Number:** 45-4544413**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**HEGGESTAD, ARNOLD DR.  
6918 NW 48TH LANE  
ATTN: DR. ARNOLD HEGGESTAD  
GAINESVILLE, FL 32653 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:** DR. ARNOLD HEGGESTAD

01/28/2015

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title CEO, PRESIDENT  
Name HEGGESTAD, ARNOLD DR.  
Address 6918 NW 48TH LANE  
ATTN: DR. ARNOLD HEGGESTAD  
City-State-Zip: GAINESVILLE FL 32653

Title VPD  
Name STURM, GLEN W  
Address 12 INTERLOCHEN DR  
City-State-Zip: ATLANTA GA 30342

Title DIRECTOR  
Name HAMILTON, WILLIAM  
Address BRADY AND QUARLES  
WILLIAM HAMILTON  
City-State-Zip: TAMPA FL

Title CTD  
Name MILLS, JON L  
Address 2727 NW 58TH BLVD  
City-State-Zip: GAINESVILLE FL 32606  
  
Title DIRECTOR  
Name BARNETT, MARTHA MRS.  
Address 315 CALHOUN STREET  
SUITE 600  
City-State-Zip: TALLAHASSEE FL 32301

*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:** ARNOLD HEGGESTAD

CEO

01/28/2015

Electronic Signature of Signing Officer/Director Detail

Date