

**2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P13000088984

**Entity Name:** CLEVER MEDICAL, INC.**Current Principal Place of Business:**109 QUAIL RIDGE COURT  
SANFORD, FL 32771**Current Mailing Address:**109 QUAIL RIDGE COURT  
SANFORD, FL 32771**FEI Number:** 46-4005324**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CHANDRINOS, FAYE R  
109 QUAIL RIDGE COURT  
SANFORD, FL 32771 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	PRESIDENT AND DIRECTOR
Name	JARRELLE, KIMBERLY C
Address	12309 TRAYLOR FIELD LANE
City-State-Zip:	ASHLAND VA 23005

Title	VP, DIRECTOR
Name	SHUMATE, CARL I.
Address	293 VIA SIENA LANE
City-State-Zip:	LAKE MARY FL 32746

Title	DIRECTOR
Name	DRABIK, EUGENE F
Address	277 MEADOW BEAUTY TERRACE
City-State-Zip:	SANFORD FL 32771

Title	VP
Name	CHANDRINOS, FAYE
Address	109 QUAIL RIDGE COURT
City-State-Zip:	SANFORD FL 32771

*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:** C-CORE MEDICAL INC. FAYE CHANDRINOS

VICE PRESIDENT

03/12/2021

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