

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P18000013635

**FILED**  
**Jan 14, 2019**  
**Secretary of State**  
**1262871345CC**

**Entity Name:** CLEAR VIEW DIAGNOSTIC CORP.

**Current Principal Place of Business:**

2710 THE TERRACES WAY  
DACULA, GA 30019

**Current Mailing Address:**

2710 THE TERRACES WAY  
DACULA, GA 30019 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** Yes

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

BEN FINANCIAL SERVICES INC  
10500 N W 26 STREET STE A101  
DORAL, FL 33172 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            PRES  
Name            ALATORRE, MICHAEL A  
Address        2710 THE TERRACES WAY  
City-State-Zip: DACULA GA 30019

Title            S  
Name            ALTORRE, MICHAEL A  
Address        2710 THE TERRACES WAY  
City-State-Zip: DACULA GA 30019

*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:** ALATORRE, MICHAEL

**PRES**

**01/14/2019**

Electronic Signature of Signing Officer/Director Detail

Date