

2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F18000005702

Entity Name: CLARIFY MEDICAL, INC.**Current Principal Place of Business:**10505 SORRENTO VALLEY RD., STE. 450
SAN DIEGO, CA 92121**Current Mailing Address:**10505 SORRENTO VALLEY RD., STE. 450
SAN DIEGO, CA 92121 US**FEI Number:** 46-2243956**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**PARACORP INCORPORATED
155 OFFICE PLAZA DRIVE., 1ST FLOOR
TALLAHASSEE, FL 32301 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 PCEO
Name MAHAFFEY, GEORGE
Address 10505 SORRENTO VALLEY RD., STE.
450
City-State-Zip: SAN DIEGO CA 92121

Title VPS
Name FULHAM, EDWARD
Address 10505 SORRENTO VALLEY RD., STE.
450
City-State-Zip: SAN DIEGO CA 92121

Title CD
Name HALE, DAVID
Address 12340 EL CAMINO REAL, SUITE 425
City-State-Zip: SAN DIEGO CA 92130

Title D
Name BRIGHT, REX
Address 5641 LAKE VISTA DRIVE
City-State-Zip: BONSALL CA 92003

Title D
Name BUHLER, JOHN T
Address 34300 LANTERN BAY VILLAS., UNIT
59
City-State-Zip: DANA POINT CA 92629

Title D
Name PANDYA, AMIT
Address 5323 HARRY HINES BLVD
City-State-Zip: DALLAS TX 75390

Title DIRECTOR
Name SWEENEY, JAMES
Address 2461 PRESIDIO DRIVE
City-State-Zip: SAN DIEGO CA 92103

Title DIRECTOR
Name HUGGENBERGER, RAYMOND
Address 3378 ADAMS RUN
City-State-Zip: ENCINITAS CA 92024

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: EDWARD T FULHAM**VP, FINANCE****06/20/2019**

Electronic Signature of Signing Officer/Director Detail

Date