#### 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. 03/08/2022 SIGNATURE: ADRIAN AOUN AUTHORIZED

Electronic Signature of Signing Officer/Director Detail

#### 2022 FOREIGN PROFIT CORPORATION ANNUAL REPORT

#### DOCUMENT# F21000005447

# Entity Name: CLARA MEDICAL GROUP P.C. CORPORATION

# **Current Principal Place of Business:**

660 4TH ST #202 SAN FRANCISCO, CA 94107

# **Current Mailing Address:**

660 4TH ST #202 SAN FRANCISCO, CA 94107 US

# FEI Number: 81-2169693

# Name and Address of Current Registered Agent:

INCORPORATING SERVICES, LTD 1540 GLENWAY DRIVE 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

#### **Officer/Director Detail :**

Title	D	Title	AS
Name	FAVINI, NATHAN	Name	AOUN, ADRIAN
Address	660 4TH ST #202	Address	660 4TH ST #202
City-State-Zip:	SAN FRANCISCO CA 94107	City-State-Zip:	SAN FRANCISCO CA 94107

SIGNATORY

Certificate of Status Desired: No

Date

# FILED Mar 08, 2022 Secretary of State 6581948551CC

Date