2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2008
Secretary of State

DOCUMENT# N05000003383

Entity Name: THE CLINICS CAN HELP FOUNDATION, INC.

Current Principal Place of Business:

3349 D GARDENS EAST DRIVE
PALM BEACH GARDENS, FL 33410

New Principal Place of Business:

Current Mailing Address:

3349 D GARDENS EAST DRIVE
PALM BEACH GARDENS, FL 33410

New Mailing Address:

FEI Number: 20-2778895 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SIMS, H. BRYANT ESQ.
250 ESSEX LANE
WEST PALM BEACH, FL 33405 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: DPT ( ) Delete
Name: O'NEILL, OWEN
Address: 3349 D GARDENS EAST DRIVE
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: DS ( ) Delete
Name: SIMS, H BRYANT
Address: 250 ESSEX LANE
City-St-Zip: WEST PALM BEACH, FL 33405

Title: DVP ( ) Delete
Name: GONZALEZ, FAUSTINO DR.
Address: 3349 D GARDENS EAST DRIVE
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: D ( ) Delete
Name: SHARMA, HINA DR.
Address: 3349 D GARDENS EAST DRIVE
City-St-Zip: PALM BEACH, FL 33410

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: OWEN O'NEILL DPT 04/22/2008

Electronic Signature of Signing Officer or Director — Date