2009

NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

ATX1

DOCUMENT # N05000003383

1. Entity Name

The Clinics Can Help Foundation Inc.

DO NOT WRITE IN THIS SPACE

FILED

09 JAN -5 PM 4:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

800139168488
12/19/08--01030--002 **61.25

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
3349 D Gardens East Drive	3349 D Gardens East Drive
Suite, Apt #, etc	Suite, Apt. #, etc,
City & State: Palm Beach Gardens, FL	City & State: Palm Beach Gardens, FL
Zip: 33410-3410 Country	Zip: 33410-3410 Country

4. FEI Number: 20-2778895 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Owen O'Neill

Street Address (P.O. Box Number is Not Acceptable): 3349D Gardens East Drive

City: Palm Beach Gardens FL Zip Code: 33410

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE [signature] 12/5/08

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FEE IS $61.25
Initial or Amended UBR

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11.	
TITLE	President/Treas	TITLE	
NAME	Owen O'Neill	NAME	
STREET ADDRESS	3349D Gardens East Drive	STREET ADDRESS	
CITY-ST-ZIP	Palm Beach Gardens.Fl 33410	CITY-ST-ZIP	
TITLE	Vice President	TITLE	
NAME	Dr. Faustino Gonzalez	NAME	
STREET ADDRESS	5300 East Ave	STREET ADDRESS	
CITY-ST-ZIP	West Palm Beach, Fl 33407	CITY-ST-ZIP	
TITLE	Secretary	TITLE	
NAME	H. Bryant Simms, Esq	NAME	
STREET ADDRESS	250 Essex Lane	STREET ADDRESS	
CITY-ST-ZIP	West Palm Beach, Fl 33405	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 12/5/08 561-876-3183

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #