2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2011
Secretary of State

DOCUMENT# N05000003383

Entity Name: CLINICS CAN HELP, INC.

Current Principal Place of Business:

1550 LATHAM ROAD
STE 10
WEST PALM BEACH, FL 33409

New Principal Place of Business:

Current Mailing Address:

1550 LATHAM ROAD
STE 10
WEST PALM BEACH, FL 33409

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:

O'NEILL, OWEN
3349 D GARDENS EAST DRIVE
PALM BEACH GARDENS, FL 33410 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: P
Name: O'NEILL, OWEN
Address: 3349 D GARDENS EAST DRIVE
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: VP
Name: GONZALEZ, FAUSTINO DR.
Address: 5300 EAST AVE.
City-St-Zip: WEST PALM BEACH, FL 33407

Title: S
Name: SIMMS, H. B ESQ
Address: 250 ESSEX LANE
City-St-Zip: WEST PALM BEACH, FL 33405

Title: T
Name: SUGARMAN, J
Address: 248 NORTH COUNTRY CLUB DRIVE
City-St-Zip: ATLANTIS, FL 33462 US

Title: C
Name: EASTWOOD, S L
Address: P.O. BOX 6309
City-St-Zip: WEST PALM BEACH, FL 33405 US

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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: OWEN O'NEILL, PRESIDENT PT 03/03/2011

Electronic Signature of Signing Officer or Director — Date