

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000004884

FILED  
Apr 29, 2009  
Secretary of State

Entity Name: CLEARLY MEDICAL SOLUTIONS, INC.

## Current Principal Place of Business:

3876 SW 112 AVE.  
#121  
MIAMI, FL 33165

## New Principal Place of Business:

## Current Mailing Address:

3876 SW 112 AVE.  
#121  
MIAMI, FL 33165

## New Mailing Address:

FEI Number: 20-0580551

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BERNSTEIN, JOEL  
2666 TIGERTAIL AVE STE 104  
MIAMI, FL 33133 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: HOWELL, SCOTT C DO  
Address: 10421 N LOT 49 PL  
City-St-Zip: POMPANO BEACH, FL 33076

Title: SEC ( ) Delete  
Name: CHILDERS, CHARLES D  
Address: 3876 SW 112 AVE. #115  
City-St-Zip: MIAMI, FL 33165

Title: T ( ) Delete  
Name: RODNEY, GARY  
Address: 1560 SAWGRASS CORPORATE PARKWAY  
City-St-Zip: SUNRISE, FL 33323

Title: DC ( ) Delete  
Name: JAENSCH, GUENTER H PHD  
Address: 16065 BRISTOL ISLE WAY  
City-St-Zip: DELRAY BEACH, FL 33446

Title: D ( ) Delete  
Name: LEAVITT, JOHN C  
Address: 4865 ST JAMES AVE  
City-St-Zip: TITUSVILLE, FL 32780

Title: D ( ) Delete  
Name: PERRUCCI, CHRISTOPHER ESQ  
Address: 1186 SHEERBROOK DR  
City-St-Zip: CHAGRIN FALLS, OH 44022

## 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:

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

SIGNATURE: CHARLES CHILDERS

SEC

04/29/2009

Electronic Signature of Signing Officer or Director

Date