

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000023194

**FILED**  
**Apr 30, 2009**  
**Secretary of State**

**Entity Name:** CLARITY MEDICAL AESTHETICS, INC.

**Current Principal Place of Business:**

20615 AMBERFIELD DR  
LUTZ, FL 33559

**New Principal Place of Business:**

19401 SHUMARD OAK DRIVE  
LAND O LAKES, FL 34638

**Current Mailing Address:**

20615 AMBERFIELD DR  
LUTZ, FL 33559

**New Mailing Address:**

19401 SHUMARD OAK DRIVE  
LAND O LAKES, FL 34638

**FEI Number:** 20-0672627

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MCKEE, ELIZABETH CPA  
1718 E 7TH AVE #301  
TAMPA, FL 33605 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: P ( ) Delete  
Name: PORTER, SHERYL  
Address: 20615 AMBERFIELD  
City-St-Zip: LUTZ, FL 33559

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: PORTER, SHERYL  
Address: 19401 SHUMARD OAK DRIVE  
City-St-Zip: LAND O LAKES, FL 34638

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:** SHERYL PORTER

**MGR**

**04/30/2009**

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date