2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000081373

1008 SW 121 CT

MIAMI, FL 33184

Address: City-St-Zip:

Entity Name: CLEARVIEW MEDICAL SERVICES CORP

FILED Jul 11, 2007 Secretary of State

Current P	rincipal Place	of Business:	New Principal Place	New Principal Place of Business:	
170 S BARFIELD STE 107 PAHOKEE, FL 33476			644 NW 183 ST		
			3 MIAMI, FL 33169		
Current Mailing Address:			New Mailing Address	New Mailing Address:	
170 S BARFIELD STE 107 PAHOKEE, FL 33476			644 NW 183 ST 3 MIAMI, FL 33169		
FEI Number	: 20-3056259	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address o	Name and Address of New Registered Agent:	
MIAMI, FL	i 172 TERR 33187 US	submits this statement for the	nurnose of changing its registered	d office or registered agent, or both,	
	e of Florida.	submits this statement for the	purpose of changing its registered	office of registered agent, or both,	
SIGNATU	RE:				
	Electror	ic Signature of Registered Ag	ent	Date	
		3(2)(b), F.S., the corporation did n g Trust Fund Contribution().	ot receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	T () VIVANCO, JOR 15248 SW 172 MIAMI, FL 331	TERR	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	V () HERNANDEZ, I 1164 NW 125 I MIAMI, FL 331	PL	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	P () PILOTO, GUST) Delete AVO	Title: Name:	() Change () Addition	

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.

Address:

City-St-Zip:

SIGNATURE: JORGE VIVANCO T 07/11/2007