

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P08000061749

FILED
Nov 04, 2009
Secretary of State

Entity Name: CLARI HEALTH CARE INC

Current Principal Place of Business:

399 NW 72 AVE
UNIT 324
MIAMI, FL 33126

New Principal Place of Business:

Current Mailing Address:

399 NW 72 AVE
UNIT 324
MIAMI, FL 33126

New Mailing Address:

FEI Number: 26-2874216 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GONZALEZ & DAUGHTERS PUBLIC ACCOUNTANTS
11300 NW 87 CT
150
HIALEAH, FL 33018 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: HUMBERTO GONZALEZ

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P,D () Delete
Name: ANZARDO, MAGALYS D
Address: 399 NW 72 AVE UNIT 324
City-St-Zip: MIAMI, FL 33126

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: MAGALYS D ANZARDO

Electronic Signature of Signing Officer or Director

P,D

11/04/2009

Date