

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000091844

Entity Name: CLARKE THERAPY, INC.

FILED  
Mar 28, 2012  
Secretary of State

**Current Principal Place of Business:**

1320 N.E. 103 STREET  
MIAMI SHORES, FL 33138

**New Principal Place of Business:**

**Current Mailing Address:**

1320 N.E. 103 STREET  
MIAMI SHORES, FL 33138

**New Mailing Address:**

FEI Number: 26-3509754

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CLARKE, KIERAN  
1320 N.E. 103 STREET  
MIAMI SHORES, FL 33138 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: CLARKE, KIERAN  
Address: 1320 N.E. 103 STREET  
City-St-Zip: MIAMI SHORES, FL 33138

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

SIGNATURE: KIERAN CLARKE

PRES

03/28/2012

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

\_\_\_\_\_  
Date