

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P99000053888

FILED
Apr 28, 2003
Secretary of State

Entity Name: CLEARY MEDICAL LEGAL CONSULTING SERVICE, INC.

Current Principal Place of Business:

293 BARCELONA ROAD
WEST PALM BEACH, FL 33401

New Principal Place of Business:

Current Mailing Address:

293 BARCELONA ROAD
WEST PALM BEACH, FL 33401

New Mailing Address:

FEI Number: 65-0926184

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATE CREATIONS ENTERPRISES INC.
941 FOURTH STREET #200
MIAMI BEACH, FL 33139 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: PRES () Delete
Name: CLEARY, MARY E PRES
Address: 293 BARCELONA ROAD
City-St-Zip: WEST PALM BEACH, FL 33401

Title: VP () Delete
Name: IERARDI, JOSEPH A VP
Address: 293 BARCELONA RD
City-St-Zip: WEST PALM BEACH, FL 33401

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 for the exemption stated in Section 119.07(3)(i), 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: MARY E. CLEARY

PRES

04/28/2003

Electronic Signature of Signing Officer or Director

_____ Date