2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2013
Secretary of State
CC7656306428

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Entity Name: CLINICS CAN HELP, INC.

Current Principal Place of Business:

1550 LATHAM ROAD
STE 10
WEST PALM BEACH, FL 33409

Current Mailing Address:

1550 LATHAM ROAD
STE 10
WEST PALM BEACH, FL 33409

FEI Number: 20-2778895

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

O'NEILL, OWEN
8282 OLD FOREST ROAD
PALM BEACH GARDENS, FL 33410-6387 US

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

Officer/Director Detail :

Title	P
Name	O'NEILL, OWEN
Address	8282 OLD FOREST ROAD
City-State-Zip:	PALM BEACH GARDENS FL 33410-6387

Title	S
Name	SIMMS, H. BESQ
Address	250 ESSEX LANE
City-State-Zip:	WEST PALM BEACH FL 33405

Title	C
Name	EASTWOOD, S L
Address	P.O. BOX 6309
City-State-Zip:	WEST PALM BEACH FL 33405

Title	CHAIRMAN
Name	SEIGWORTH, CAROLE D
Address	1630 N.W. 18TH AVE.
City-State-Zip:	DELRAY BEACH FL 33445

Title	VP
Name	GONZALEZ, FAUSTINO DR.
Address	5300 EAST AVE.
City-State-Zip:	WEST PALM BEACH FL 33407

Title	T
Name	SUGARMAN, J
Address	248 NORTH COUNTRY CLUB DRIVE
City-State-Zip:	ATLANTIS FL 33462

Title	CHAIRMAN
Name	MARTIN, MARY CAY
Address	10362 SHOWBOAT LANE
City-State-Zip:	ROYAL PALM BEACH FL 33411

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

SIGNATURE: OWEN O'NEILL PRESIDENT 03/14/2013

Electronic Signature of Signing Officer/Director Detail — Date