

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000172876

Entity Name: CLARIFY MEDICAL SERVICES, LLC

Current Principal Place of Business:

1928 ROSE ST
SARASOTA, FL 34239

Current Mailing Address:

1928 ROSE ST
SARASOTA, FL 34239 US

FEI Number: 84-2459344

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SPOOR LAE, P.A.
877 EXECUTIVE CENTER DR., W., STE 100
ST PETERSBURG, FL 33702 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

Authorized Person(s) Detail :

Title MGR
Name BERKE, ANDREA
Address 1928 ROSE ST
City-State-Zip: SARASOTA FL 34239

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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ANDREA BERKE

MGR

06/08/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date