## **2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F21000001736

Entity Name: CLARIFY HEALTH SOLUTIONS, INC.

**Current Principal Place of Business:** 

75 HAWTHORNE ST., 4TH FLOOR SAN FRANCISCO, CA 94105

**Current Mailing Address:** 

75 HAWTHORNE ST., 4TH FLOOR SAN FRANCISCO. CA 94105 US

**FEI Number: NOT APPLICABLE** Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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

**FILED** Mar 06, 2023

**Secretary of State** 

0006326893CC

Officer/Director Detail :

Title PRESIDENT, DIRECTOR Title **TREASURER** GOTTULA, TODD VACANT, VACANT Name Name

75 HAWTHORNE ST., 4TH FLOOR 75 HAWTHORNE ST., 4TH FLOOR Address Address

City-State-Zip: SAN FRANCISCO CA 94105 SAN FRANCISCO CA 94105 City-State-Zip:

Title DIRECTOR Title DIRECTOR Name

GRAYCE, DAVID Name DROUIN, JEAN

Address 75 HAWTHORNE ST., 4TH FLOOR Address 75 HAWTHORNE ST., 4TH FLOOR SAN FRANCISCO CA 94105 City-State-Zip: City-State-Zip: SAN FRANCISCO CA 94105

Title DIRECTOR **DIRECTOR** Title Name KIM, JOHNNY Name SATVAT, ALI

Address 75 HAWTHORNE ST., 4TH FLOOR Address 75 HAWTHORNE ST., 4TH FLOOR City-State-Zip: SAN FRANCISCO CA 94105 SAN FRANCISCO CA 94105 City-State-Zip:

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.

03/06/2023 SIGNATURE: TODD GOTTULA **PRESIDENT**