

2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000062293

Entity Name: CLINILINC INC.

Current Principal Place of Business:

120 SOUTH MONROE ST
TALLAHASSEE, FL 32301

Current Mailing Address:

120 SOUTH MONROE ST
TALLAHASSEE, FL 32301 US

FEI Number: 36-4684434

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

AGNES, PHILIP
3336 HIGEL AVE
SARASOTA, FL 34242 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 CHAIRMAN, PRESIDENT
Name HOPES, SCOTT L
Address 120 SOUTH MONROE ST
City-State-Zip: TALLAHASSEE FL 32301

Title VP, SECRETARY
Name AGNES, PHILIP
Address 3336 HIGEL AVE
City-State-Zip: SARASOTA FL 34242

Title DIRECTOR, TREASURER
Name WALSHON, ROBERT
Address 1252 HOLLY COVE DR
City-State-Zip: JUPITER FL 33458

Title DIRECTOR
Name LLANES, JESUS M.D.
Address 4960 S.W. 72ND AVE. SUITE 406
City-State-Zip: MIAMI FL 33155

Title DIRECTOR
Name MCADAM, ANDREW
Address 2 ARGYLE SQUARE
MOOREHAMPTON ROAD
City-State-Zip: DONNYBROOK DUBLIN

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: SCOTT HOPES

PRESIDENT

05/01/2017

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date