

**2019 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 L HOPES**

**CHAIRMAN**

**05/01/2019**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date