## F20000003135

	(Requestor's Name)			
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Account#: 120000000088
For any issues please contact
Cheyanne Davis
(850) 202-1882

Date:	07/09/2024	Cheyanne Davis (850) 202-1882
	Cheyanne Davis	
Reference #:	2433021	
Entity Name:	CLINICAL ENTE	RPRISE, INC.
☐ Amen	es of Incorporation/Authorization to Tr idment ge of Agent tatement ersion	ansact Business
☐ Merge		
☐ Fictitio	lution/Withdrawal	
Authorized A		_
Signature:	(Novar Dran	

F: 800.944.6607



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Account#: 120000000088

For any issues please contact Cheyanne Davis 07/09/2024 Date:\_\_\_\_\_ (850) 202-1882 Name: Cheyanne Davis 2433021 Reference #: \_\_\_\_\_ CLINICAL ENTERPRISE, INC. Entity Name:\_\_\_\_ Articles of Incorporation/Authorization to Transact Business Amendment Change of Agent Reinstatement ☐ Conversion ☐ Merger ✓ Dissolution/Withdrawal Fictitious Name Other\_\_\_\_\_

F: 800.944.6607

Authorized Amount:

Signature: \_\_\_\_\_\_ Output Tra\_\_

## APPLICATION BY FOREIGN CORPORATION FOR WITHDRAWAL OF AUTHORITY TO TRANSACT BUSINESS OR CONDUCT AFFAIRS IN FLORIDA

	CLINICAL ENTERPRISE, IN	IC.	
-	(Name of Corporation)	202	
	F20000003135	7021 35	
-	(Document Number of Corporation (	fknown)	
	DE 7/17/2020		-
	(Incorporated Under Laws of and date authorized to transact	business/conduct its affairs)	
This corp appoints time it was	oration is no longer transacting business or conducting af y surrenders its authority to transact business or conduct a foration revokes the authority of its registered agent in the Department of State as its agent for service of process to authorized to transact business or conduct affairs in Flor wing is a current mailing address for the corporation:	ffairs in Florida.  Florida to accept service on its behalf a based on a cause of action arising during	and
	175 Crossing Blvd., Suite 5	00	
•	(Mailing Address)	· <del></del>	
	Framingham, MA 01702		
•	(City/ State /Zip)		
•	oration agrees to notify the Department of State in the future of a director, president or other officer - if in the hands of a ecceiver or other court appointed fiduciary, by that fiduciary)	re of any change in its mailing address.  6/30/2024  (Date)	-
	Justin Dudas	Tax Director	
_	(Typed or printed name of person signing)	(Title of person signing)	•

**FILING FEE \$35**