

**2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F22000001455

**Entity Name:** CLINIGENCE HEALTH INC.

**Current Principal Place of Business:**

2455 EAST SUNRISE BLVD STE 1204  
FORT LAUDERDALE, FL 33304

**Current Mailing Address:**

2455 EAST SUNRISE BLVD STE 1204  
FORT LAUDERDALE, FL 33304 US

**FEI Number:** 83-2103465

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 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           CDIR  
Name           HOSSEINION, WARREN  
Address        2455 E SUNRISE BLVD STE 120  
City-State-Zip: FORT LAUDERDALE FL 33304

Title           COO  
Name           KANDZIERSKI, CHARLES  
Address        2455 E SUNRISE BLVD STE 120  
City-State-Zip: FORT LAUDERDALE FL 33304

Title           DIR, SEC, CFOT  
Name           LUQMAN, ELISA  
Address        2455 E SUNRISE BLVD STE 120  
City-State-Zip: FORT LAUDERDALE FL 33304

Title           CMO  
Name           SCHIMMEL, LAWRENCE  
Address        2455 E SUNRISE BLVD STE 120  
City-State-Zip: FORT LAUDERDALE FL 33304

*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:** ELISA LUQMAN

**SECRETARY**

**02/07/2024**

Electronic Signature of Signing Officer/Director Detail

Date