

2023 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

02/03/2023

Electronic Signature of Signing Officer/Director Detail

Date