

**2025 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F23000002975

**Entity Name:** CLINICAL INK, INC.

**Current Principal Place of Business:**

119 BROOKSTOWN AVE  
SUITE 101  
WINSTON SALEM, NC 27101

**Current Mailing Address:**

119 BROOKSTOWN AVE  
SUITE 101  
WINSTON SALEM, NC 27101 US

**FEI Number:** 27-2987645

**Certificate of Status Desired:** No

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 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 CFO, DIRECTOR  
Name MILTENBERGER, SCOTT  
Address 119 BROOKSTOWN AVE  
SUITE 101  
City-State-Zip: WINSTON SALEM NC 27101

Title VP, DIRECTOR  
Name DAVIDSON, KATHRYN  
Address 119 BROOKSTOWN AVE  
SUITE 101  
City-State-Zip: WINSTON SALEM NC 27101

Title OTHER  
Name FLETCHER, SARAH  
Address 632 W. 4TH ST.  
City-State-Zip: WINSTON SALEM NC 27101

Title CEO  
Name JONATHAN, GOLDMAN  
Address 119 BROOKSTOWN AVE  
SUITE 101  
City-State-Zip: WINSTON SALEM NC 27101

*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:** SARAH FLETCHER

**ANNUAL REPORT SIGNER** 01/08/2025

Electronic Signature of Signing Officer/Director Detail

Date