

**2022 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F21000001153

**Entity Name:** COVID CLINIC, INC.

**Current Principal Place of Business:**

4651 SALISBURY ROAD STE 400  
JACKSONVILLE, FL 32256

**Current Mailing Address:**

4651 SALISBURY ROAD STE 400  
JACKSONVILLE, FL 32256 US

**FEI Number: 85-0673475**

**Certificate of Status Desired: No**

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

NORTHWEST REGISTERED AGENT LLC  
7901 4TH ST N STE 300  
ST PETERSBURG, FL 33702 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            DIR  
Name            COLLINS, MATTHEW  
Address        2403 N SHADY FOREST LANE  
City-State-Zip: ORANGE CA 92867

Title            P  
Name            ABINANTE, MATTHEW  
Address        20671 SANDPIPER LANE  
City-State-Zip: HUNTINGTON BCH CA 92646

Title            DIR  
Name            PENLEY, MIKE  
Address        7901 4TH ST N STE 300  
City-State-Zip: ST PETERSBURG FL 33702

*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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: MATTHEW ABINANTE**

**PRESIDENT**

**03/10/2022**

Electronic Signature of Signing Officer/Director Detail

Date