

F23000002929

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

(Business Entity Name)

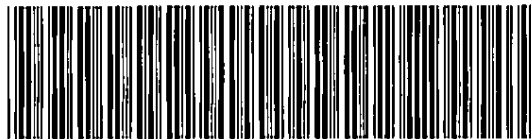
(Document Number)

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2023 MAY 17 AM 10:46

SECRETARY OF STATE  
TALLAHASSEE, FL



2023 MAY 17 PM 1:48

Office Use Only

# Sunshine State Corporate Compliance Company

3458 Lakeshore Drive Tallahassee, Florida 32312

(850) 656-4724

DATE 05/17/2023

**\*\*WALK IN\*\***

ENTITY NAME XERON CLINICAL LABORATORIES, INC

DOCUMENT NUMBER \_\_\_\_\_

**\*\*PLEASE FILE THE ATTACHED AND RETURN\*\***

XXXXXXXX

*Plain Copy*

*Certified Copy*

*Certificate of Status*

**\*\*PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY\*\***

*Certified Copy of Arts & Amendments*

*Certified Copy of Arts & Amendments Complete File (Including Annual Reports)*

*Certificate of Status*

*Certificate of Status Reflecting: \_\_\_\_\_*


**\*\*APOSTILLE' / NOTARIAL CERTIFICATION\*\***

COUNTRY OF DESTINATION \_\_\_\_\_

NUMBER OF CERTIFICATES REQUESTED \_\_\_\_\_

TOTAL OWED \$ 70.00

ACCOUNT # 120160000072



*Please call Tina at the above number for any issues or concerns. Thank you so much!*

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** XERON CLINICAL LABORATORIES, INC.

\_\_\_\_\_  
Name of corporation - must include suffix

Dear Sir or Madam

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Moses \_\_\_\_\_

\_\_\_\_\_  
Name of Person

Corporation \_\_\_\_\_

\_\_\_\_\_  
Firm/Company

PO Box 1176 \_\_\_\_\_

\_\_\_\_\_  
Address

Monsey, NY 10952 \_\_\_\_\_

\_\_\_\_\_  
City/State and Zip code

admin@corpexinc.com \_\_\_\_\_

\_\_\_\_\_  
E-mail address: (to be used for future annual report notifications)

For further information concerning this matter, please call:

Moses \_\_\_\_\_

815 579-5939  
Area Code Daytime Telephone Number

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 310  
Tallahassee, FL 32305

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

- \$70.00 Filing Fee     \$78.75 Filing Fee & Certificate of Status     \$78.75 Filing Fee & Certified Copy     \$87.50 Filing Fee, Certificate of Status & Certified Copy

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

1. XERON CLINICAL LABORATORIES, INC  
 (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. New York 3. \_\_\_\_\_  
 (State or country under the law of which it is incorporated) (FPI number, if applicable)

4. 06/26/1997 5. \_\_\_\_\_  
 (Date of incorporation) (Date of duration, if other than perpetual)

6. 05/09/2023  
 (Date first transacted business in Florida, if prior to registration)  
 (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 48-25 36th St, Queens, NY 11101  
 (Principal office street address)

\_\_\_\_\_ (Current mailing address, if different)


8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Paracorp Incorporated

Office Address: 155 Office Plaza Drive, 1st Floor  
Tallahassee, Florida 32301  
 (City) (Zip code)

9. Registered agent's acceptance:

*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

 Leticia Herrera, Asst. Secretary  
 (Registered agent's signature)

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

11. For each of the foregoing purposes, list names, titles and addresses of the primary officers and/or directors (up to six (6) total)

2023 MAY 17 AM 10:46  
 SECRETARY OF STATE  
 TALLAHASSEE, FL  
**FILED**

**A. DIRECTORS**

Chairman Name Joel Lustigman  
 Vice Chairman Address 48-25 36th St, Queens, NY 11101  
 Director \_\_\_\_\_  
 President \_\_\_\_\_  
 Vice President \_\_\_\_\_  
 Secretary \_\_\_\_\_  Treasurer \_\_\_\_\_  
 Other \_\_\_\_\_  Other \_\_\_\_\_

Chairman Name \_\_\_\_\_  
 Vice Chairman Address \_\_\_\_\_  
 Director \_\_\_\_\_  
 President \_\_\_\_\_  
 Vice President \_\_\_\_\_  
 Secretary \_\_\_\_\_  Treasurer \_\_\_\_\_  
 Other \_\_\_\_\_  Other \_\_\_\_\_

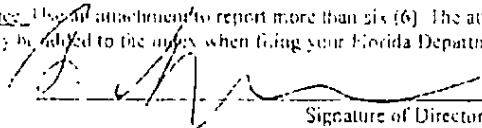
Chairman Name \_\_\_\_\_  
 Vice Chairman Address \_\_\_\_\_  
 Director \_\_\_\_\_  
 President \_\_\_\_\_  
 Vice President \_\_\_\_\_  
 Secretary \_\_\_\_\_  Treasurer \_\_\_\_\_  
 Other \_\_\_\_\_  Other \_\_\_\_\_

Chairman Name \_\_\_\_\_  
 Vice Chairman Address \_\_\_\_\_  
 Director \_\_\_\_\_  
 President \_\_\_\_\_  
 Vice President \_\_\_\_\_  
 Secretary \_\_\_\_\_  Treasurer \_\_\_\_\_  
 Other \_\_\_\_\_  Other \_\_\_\_\_

Chairman Name \_\_\_\_\_  
 Vice Chairman Address \_\_\_\_\_  
 Director \_\_\_\_\_  
 President \_\_\_\_\_  
 Vice President \_\_\_\_\_  
 Secretary \_\_\_\_\_  Treasurer \_\_\_\_\_  
 Other \_\_\_\_\_  Other \_\_\_\_\_

Chairman Name \_\_\_\_\_  
 Vice Chairman Address \_\_\_\_\_  
 Director \_\_\_\_\_  
 President \_\_\_\_\_  
 Vice President \_\_\_\_\_  
 Secretary \_\_\_\_\_  Treasurer \_\_\_\_\_  
 Other \_\_\_\_\_  Other \_\_\_\_\_

Important notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

  
 \_\_\_\_\_  
 Signature of Director or Officer

The officer or Director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in § 817.155, F.S.

1) JOEL LUSTIGMAN  
 (Typed or printed name and capacity of person signing application)

STATE OF NEW YORK

DEPARTMENT OF STATE

Certificate of Status

I, ROBERT J. RODRIGUEZ, Secretary of State of the State of New York and custodian of the records required by law to be filed in my office, do hereby certify that upon a diligent examination of the records of the Department of State, as of the date and time of this certificate, the following entity information is reflected:

**Entity Name:** XERON CLINICAL LABORATORIES, INC.  
**DOS ID Number:** 2157057  
**Entity Type:** DOMESTIC BUSINESS CORPORATION  
**Entity Status:** EXISTING  
**Date of Initial Filing with DOS:** 06/26/1997  
**Statement Status:** CURRENT  
**Statement Due Date:** 06/30/2023

I certify that the following is a list of documents on file in the Department of State for said entity:

**Document Type:** CERTIFICATE OF INCORPORATION  
**Date of Filing:** 06/26/1997  
**Entity Name:** MOUNT SINAI CLINICAL LABORATORIES INC.

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**Document Type:** CERTIFICATE OF AMENDMENT  
**Date of Filing:** 07/02/1998  
**Name Changed To:** XERON CLINICAL LABORATORIES, INC.

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**Document Type:** BIENNIAL STATEMENT  
**Date of Filing:** 05/15/2000  
**Effective Date:** 06/01/1999

**Document Type:** BIENNIAL STATEMENT  
**Date of Filing:** 07/02/2001  
**Effective Date:** 06/01/2001

**Document Type:** BIENNIAL STATEMENT  
**Date of Filing:** 05/20/2003  
**Effective Date:** 06/01/2003

**Document Type:** BIENNIAL STATEMENT  
**Date of Filing:** 07/20/2005  
**Effective Date:** 06/01/2005

**Document Type:** BIENNIAL STATEMENT  
**Date of Filing:** 06/07/2007  
**Effective Date:** 06/01/2007

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**Document Type:** BIENNIAL STATEMENT  
**Date of Filing:** 05/28/2009  
**Effective Date:** 06/01/2009

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**Document Type:** BIENNIAL STATEMENT  
**Date of Filing:** 06/23/2011  
**Effective Date:** 06/01/2011

**Document Type:** BIENNIAL STATEMENT  
**Date of Filing:** 06/18/2013  
**Effective Date:** 06/01/2013

**Document Type:** BIENNIAL STATEMENT  
**Date of Filing:** 06/02/2015  
**Effective Date:** 06/01/2015

**Document Type:** BIENNIAL STATEMENT  
**Date of Filing:** 06/08/2017  
**Effective Date:** 06/01/2017

Document Type: BIENNIAL STATEMENT  
Date of Filing: 06/14/2019  
Effective Date: 06/01/2019

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Document Type: CERTIFICATE OF CHANGE  
Date of Filing: 02/10/2021

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Document Type: BIENNIAL STATEMENT  
Date of Filing: 06/29/2021

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No information is available from this office regarding the financial condition, business activity or practices of this entity.

WITNESS my hand and official seal of the Department  
of State, at the City of Albany, on April 05, 2023 at  
10:38 A.M.



ROBERT J. RODRIGUEZ, Secretary of State

*Brendan C. Hughes*

By Brendan C. Hughes  
Executive Deputy Secretary of State