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T. LEMIEUX

## COVER LETTER

<b>TO:</b> Registration Section Division of Corporation	s			
SUBJECT: IBEX MEDICAL A	ANALYTICS INC.			
Source.	Name of corporation	n - must include suffix	<del>-</del>	
Dear Sir or Madam:				
The enclosed "Application by For "Certificate of Existence," or "Cabove referenced foreign corporations."	ertificate of Good Star	nding" and check are sub		
Please return all correspondence	concerning this matte	r to the following:		
SHIRA KLEIN				
<u> </u>	Name of	Person		
PHILIP STEIN & ASSOCIATES				
	Firm/Con	npany	-117	
POB 41454				
	Addr	ess		
JERUSALEM, ISRAEL 91451				
	City/State a	and Zip code		
CORPORA TEMPS TEEN COM			_	
E-ma	il address: (to be used	for future annual report r	otification)	
For further information concern	ing this matter, please	call:		
SHIRA KLEIN	866	e Daytime Telephone Number		
Name of Person	Area Coc	le Daytime Telep	hone Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		Registration S Division of Co P.O. Box 632	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
	DRIDA DEPARTMENT	F OF STATE  ☐ \$78.75 Filing Fee &  Certified Copy	S87.50 Filing Fee. Certificate of Status & Certified Copy	

## A. DIRECTORS JOSEPH MOSSEL CHAIMLINHART Chairman □ Chairman 17 STATION STREET 17 STATION STREET □Vice Chairman Address: □ Vice Chairman Address: \_ SUITE 203 SUITE 203 ■ Director ■Director BROOKLINE BROOKLINE m President □ President MA 02445 MA 02445 □Vice President □ Vice President □ Freasurer □ Secretary □Treasurer □ Secretary □Other \_\_\_\_\_ □Other \_\_\_\_\_ Other\_\_\_\_ □Other \_\_\_\_\_\_ Name: CHRIS HILOCK MICHAEL LEVIN □ Chairman ☐ Chairman 17 STATION STREET 17 STATION STREET □Vice Chairman □ Vice Chairman Address: Address: \_ SUFFE 203 SUITE 203 🖷 Director ■Director BROOKLINE BROOKLINE □President □President MA 02445 MA 02445 □ Vice President □Vice President □ Treasurer □Treasurer □ Secretary □ Secretary □Other \_\_\_\_\_ □Other\_\_\_\_\_ □Other \_\_\_\_\_\_ Other \_\_\_\_\_ Name: \_\_\_\_\_\_ Name: \_\_\_\_\_ □Chairman □ Chairman □ Vice Chairman Address: □Vice Chairman Address: □Director □Director □President □President □Vice President □Vice President □ Secretary □Treasurer □ Secretary □Treasurer □Other\_\_\_\_ □Other \_\_\_\_\_ Important Notice: Use an attachment to report more than bix list of 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. Joseph Mossel 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 s.817,155. F.S.

JOSEPH MOSSEL, CEO

## Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "IBEX MEDICAL ANALYTICS INC." IS DULY

INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS

OF THIS OFFICE SHOW, AS OF THE ELEVENTH DAY OF SEPTEMBER, A.D.

2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "IBEX MEDICAL ANALYTICS INC." WAS INCORPORATED ON THE NINETEENTH DAY OF JANUARY,

A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

Authentication: 204366251

Date: 09-11-24