



COVER LETTER

Department of State  
New Filing Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

SUBJECT: Access Medical Health PLAN CORP.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

\$70.00 Filing Fee  
 \$78.75 Filing Fee & Certificate of Status

\$78.75 Filing Fee & Certified Copy  
 \$87.50 Filing Fee, Certified Copy & Certificate of Status  
ADDITIONAL COPY REQUIRED

FROM: WCRx Medical Consultant Agency LLC  
Name (Printed or typed)

175 SALEM COURT  
Address

Tallahassee, FL 32301  
City, State & Zip

850-222-1963  
Daytime Telephone number

EINWANG@WCRxPharmacy.com  
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION  
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be: Access MEDICAL HEALTH PLAN CORP

ARTICLE II PRINCIPAL OFFICE

Principal street address: 2473 CARE DRIVE  
Suite 102  
Tallahassee, FL 32308  
Mailing address, if different is: \_\_\_\_\_

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Telehealth Services  
Medical Consultation Services

FILED  
2019 JAN 30 PM 4:36  
SECRETARY OF STATE  
TALLAHASSEE, FL 32309

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: OKOJESI, CHAU KWUMA (Medical Director)  
Name and Title: \_\_\_\_\_  
Address: 2473 CARE DRIVE  
Address: \_\_\_\_\_  
TALL, FL 32308

Name and Title: INWANG, EMMANUEL (Pharmacist Director)  
Name and Title: \_\_\_\_\_  
Address: 2473 CARE DRIVE  
Address: \_\_\_\_\_  
TALL, FL 32308

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
Address \_\_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: EMMANUEL P. INWANG  
Address: 175 SALEM COURT  
TALL, FL 32301

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2019 JAN 30 PM 4:36  
SECRETARY OF STATE  
ALI AHASSEF #10976

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: EMMANUEL P. INWANG  
Address: 175 SALEM COURT  
TALL, FL 32301

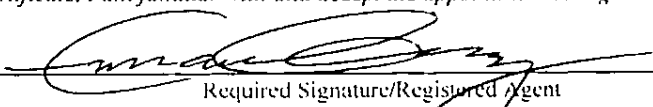
**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 1/30/18 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

  
Required Signature/Registered Agent

1/30/18  
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the 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.

  
Required Signature/Incorporator

1/30/19  
Date