

P23006000172

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

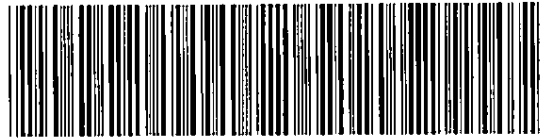
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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S. CHATHAM  
JAN - 3 2023

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23 JAN - 3 PM 4:08

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2023 JAN - 3 AM 10:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATE  
ACCESS,  
INC.**

*When you need ACCESS to the world*

236 East 6th Avenue, Tallahassee, Florida 32303  
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

**WALK IN**

**PICK UP:** MISTY 01/03

**XX CERTIFIED COPY** \_\_\_\_\_

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**XX FILING**

**INC** \_\_\_\_\_

1. **FLORIDA HEALTH CARE EXCELLENCE, INC.**

(CORPORATE NAME AND DOCUMENT #)

2.

(CORPORATE NAME AND DOCUMENT #)

3.

(CORPORATE NAME AND DOCUMENT #)

4.

(CORPORATE NAME AND DOCUMENT #)

5.

(CORPORATE NAME AND DOCUMENT #)

6.

(CORPORATE NAME AND DOCUMENT #)

**SPECIAL  
INSTRUCTIONS:**

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: Florida Health Care Excellence, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

881 Brantley Dr.

Longwood, FL 32779

Mailing address, if different is:

881 Brantley Dr.

Longwood, FL 32779

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Medical Doctor

ARTICLE IV SHARES

The number of shares of stock is: 1500

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Sarmed Al-Hadda - President

Address: 881 Brantley Dr.  
Longwood, FL 32779

Name and Title: Sarmed Al-Haddad - Treasurer

Address: 881 Brantley Dr.  
Longwood, FL 32779

Name and Title: Sarmed Al-Haddad - Secretary

Address: 881 Brantley Dr.  
Longwood, FL 32779

Name and Title: Sarmed Al-Haddad - Director

Address: 881 Brantley Dr.  
Longwood, FL 32779

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

Address: \_\_\_\_\_

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

Address: \_\_\_\_\_

23 JAN - 3 PM 4:00  
SEC. OF STATE  
DIVISION OF CORPORATE  
REGISTRATION

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: Registered Agents Inc.  
Address: 7901 4th St N, Ste 300  
St. Petersburg, FL 33702

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Amanda J. Beren  
Address: 31416 Agoura Rd, Ste.118  
Westlake Village, CA 91361

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_ (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*

Bell Name

Required Signature/Registered Agent

12/29/2022

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.*

AGS

Required Signature/Incorporator

12/29/2022

Date

23 Jan - 3 PM 4:08  
SUNSHINE STATE  
RECORDS DIVISION