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2023 JUN 26 AM 6: 44 JUN 26 AM 11: 04

SECRETARY OF STATE  
TALLAHASSEE, FL



**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

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**INC**

1. **ANNEX CLINICAL CORP.**

(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: Annex Clinical Corp.

**ARTICLE II PRINCIPAL OFFICE** Principal street address

Mailing address, if different is:

1000 West Avenue Suite 1532

Miami Beach FL 33139

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Any lawful purpose

**ARTICLE IV SHARES**

The number of shares of stock is: 200

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Moe Alsumidac - Director Name and Title: \_\_\_\_\_

Address 1000 West Avenue Suite 1532 Address: \_\_\_\_\_

Miami Beach FL 33139 \_\_\_\_\_

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

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

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

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

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TALLAHASSEE, FL

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: Moe Alsumidae  
Address: 1000 West Avenue Suite 1532  
Miami Beach FL 33139

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Moe Alsumidae  
Address: 1000 West Avenue Suite 1532  
Miami Beach FL 33139

**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.*

Moe Alsumidae  
Required Signature/Registered Agent

06/26/23  
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.*

Moe Alsumidae  
Required Signature/Incorporator

Date 06/26/23  
2023 JUN 26 AM 6:12  
SECRETARY OF STATE  
TALLAHASSEE, FL  
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