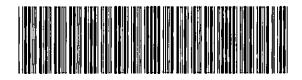
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	(City/State/Zip/Phone #)	
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	(Business Entity Name)	
	(Document Number)	
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Special Instructions to	Filing Officer:	
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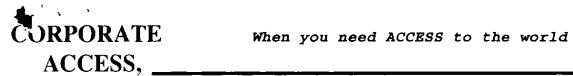


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INC.

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

ARTICLE I NAME The name of the corpora	tion shall be: Annex Clinical Corp.		
ARTICLE II PRINC	CIPAL OFFICE Principal street add	dress	Mailing address, if different is:
1000 West Avenue Sui	te 1532		ivianing address, if different is.
Miami Beach FL 3313	9		
ARTICLE III PURP The purpose for which (OSE the corporation is organized is:A	ny lawful purpose	
		-	
		-	
		-	-
ARTICLE IV SHAR The number of shares of	ES stock is: 200	·	
	L OFFICERS AND/OR DIRECTOR	_	
Name and Title		Name and Title	:
Address	1000 West Avenue Suite 1532	Address:	
	Miami Beach FL 33139		
		·	
			
Address			
Name and Title:		Name and Title	2023 JU SECRE TALL
			No. 100 Comments
Address		Address:	SSC A [4]
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Name ar	nd Title:	Name and Title:	_
Address	s	Address:	_
	-		_
ARTICLE VI The name and F	REGISTERED AGENT lorida street address (P.O. Box NOT acceptable	e) of the registered agent is:	
Name:	Moe Alsumidae		
Address:	1000 West Avenue Suite 1532	<u></u>	
	Miami Beach FL 33139	···	
ARTICLE VII	INCORPORATOR		
	ddress of the Incorporator is:		
Name:	Moe Alsumidae		
Address:	1000 West Avenue Suite 1532		
	Miami Beach FL 33139		
ARTICI F VIII	EFFECTIVE DATE:		
Effective date, if	other than the date of filing:	(OPTIONAL)	
(If an effective d filing.)	late is listed, the date must be specific and car	nnot be more than five days prior or 90 days after the	
		ble statutory filing requirements, this date will not be listed a	15
ne gocument s e	ffective date on the Department of State's record	ds.	
	ned as registered agent to accept service of proces amiliar with and accept the appointment as regis	ss for the above stated corporation at the place designated in t stered agent and agree to act in this capacity	his
Moo	allimerkel.	0, 20, 23	
	Required Signature/Registered Agent	Date	-
	ument and affirm that the facts stated herein a Department of State constitutes a third degree fel	are true. I am aware that the false information submitted in	1 a
MA		ony as provided for in scott 1755, 7.55	
Required Signatu	re/incorporator	Date Date	-
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