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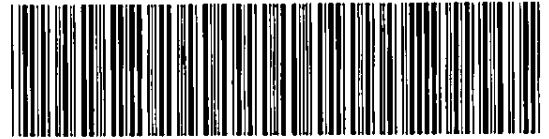
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T. SCOTT

MAR 21 2024



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ALLAHASSEE, FLORIDA

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## COVER LETTER

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

Attention: Tyrone Scott

SUBJECT: West Florida Medical Staff, Inc.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is 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

**ADDITIONAL COPY REQUIRED**

FROM: Charlotte Hooks  
Name (Printed or typed)

1030 Dog Track Rd.  
Address

Pensacola, FL 32504  
City, State & Zip

850-450-8646  
Daytime Telephone number

cjhooks@hotmail.com  
E-mail address (to be used for future annual report notification)

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

3/5/2024

Department of State

Attention: Tyrone Scott

P O Box 6327

Tallahassee, FL 32314

Please apply the payment of check# 1076 for \$70 for the Articles of Incorporation to this corrected application.

Thank you,

Charlotte Hooks

Accountant

West Florida Medical Staff, Inc.

**ARTICLES OF INCORPORATION**  
In compliance with Chapter 617, F.S., (Not for Profit)

**ARTICLE I NAME**

The name of the corporation shall be: West Florida Medical Staff, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:

8383 No. Davis Hwy  
Pensacola, FL 32514

Mailing address, if different is:

Same

2024 MAR 21 PM 3:30

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: This organization exist to  
provide medical education to the medical staff of  
West Florida Hospital. It is run by a Board of  
Directors. Annual, quarterly and random educational  
meetings are held every year.

**ARTICLE IV MANNER OF ELECTION** The manner in which the directors are elected and appointed: Directors  
are elected at the annual meeting per the by-laws and serve 2 years

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

Name and Title: Jeffrey Walters, MD

Address: Chief of Staff

8383 No Davis Hwy  
Pensacola, FL 32514

Name and Title: David Woodard, MD

Address: Cardiology Chair

8383 No Davis Hwy  
Pensacola, FL 32514

Name and Title: Donald Dewey, MD

Address: Chief of Surgery

8383 No. Davis Hwy  
Pensacola, FL 32514

Name and Title: Christopher Dorvault, MD

Address: Radiology Chair

8383 No. Davis Hwy  
Pensacola, FL 32514

Name and Title: Tamar Kashekmadee, MD

Address: Medical Chair

8383 No. Davis Hwy  
Pensacola, FL 32514

Name and Title: William Goldsmith, MD

Address: Critical Care Chair

8383 No. Davis Hwy  
Pensacola, FL 32514

Name and Title: Travis Jones, MD  
anesthesia chair

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

8383 No. Davis Hwy  
Pensacola, FL 32514

Name and Title: Bjorn Bernhardsen, MD  
Emergency medicine chair

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

8383 No. Davis Hwy  
Pensacola, FL 32514

Name and Title: Vijakabharathi Ekambaram<sup>MD</sup>  
Psychiatry Chair

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

8383 North Davis Hwy  
Pensacola, FL 32514

Name and Title: Farzad Esfahani, MD  
Pathology chair

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

Davis Hwy  
8383 No. ~~8383~~ Ave  
Pensacola, FL 32514

**ARTICLE VI REGISTERED AGENT**

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

Name: Charlotte Hooks

Address: 1030 Dog Track Rd.  
Pensacola, FL 32506

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Charlotte Hooks

Address: 1030 Dog Track Rd.  
Pensacola, FL 32506

**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*

Charlotte Hooks  
Required Signature of Registered Agent

3/4/24  
Date

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

Charlotte Hooks  
Required Signature of Incorporator

3/4/24  
Date

Name and Title: Christopher Burton, MD  
Physical medicine Chair

Address:

8383 No. Davis Hwy  
Pensacola, FL 32514

Name and Title: Julie DeCesare, MD  
OB/GYN Chair

Address:

8383 No. Davis Hwy  
Pensacola, FL 32514

Name and Title: Timothy Carroll, MD  
Pediatric Chair

Address:

8383 No. Davis Hwy  
Pensacola, FL 32514

Name and Title: Richard Sellars, MD  
Secretary/Treasurer

Address:

8383 No. Davis Hwy  
Pensacola, FL 32514

**ARTICLE VI REGISTERED AGENT**

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

Name: \_\_\_\_\_

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

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: \_\_\_\_\_

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

**ARTICLE VIII EFFECTIVE DATE:**

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

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\_\_\_\_\_  
Required Signature of Registered Agent

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date