

P09000100951

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

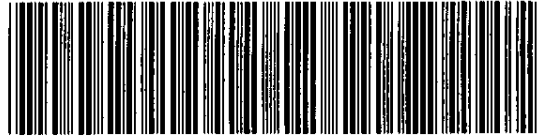
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



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EFFECTIVE DATE

12/23/09

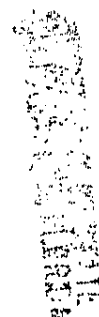
12/16/09--01007--017 \*\*78.75

EFFECTIVE DATE

12/23/09

09 DEC 16 PM 12:22

FILED



*PK*

12-12-09

**COVER LETTER**

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

**SUBJECT:** Meridian Acupuncture Center of Florida, P.A.  
**(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:** David Joseph Sassano, D.O.  
Name (Printed or typed)

5012 Kilkenney Way  
Address

Oldsmar, FL 34677  
City, State & Zip

727-781-6747  
Daytime Telephone number

dsassano5@verizon.net  
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**

**ARTICLE I NAME**

Meridian Acupuncture Center of Florida, P.A.

**ARTICLE II PRINCIPAL OFFICE**

36472 U.S. Hwy 19 North  
Palm Harbor, FL 34682

Mailing Address:  
5012 Kilkenney Way  
Oldsmar, FL 34677

**ARTICLE III PURPOSE**

Provide medical services

**ARTICLE IV SHARES**

One

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

David J. Sassano, D. O.  
5012 Kilkenney Way  
Oldsmar, FL 34677

**ARTICLE VI REGISTERED AGENT**

David J. Sassano, D. O.  
5012 Kilkenney Way  
Oldsmar, FL 34677

**ARTICLE VII INCORPORATOR**

David J. Sassano, D.O.  
5012 Kilkenney Way  
Oldsmar, FL 34677

**ARTICLE VIII EFFECTIVE DATE**

12/23/09


EFFECTIVE DATE  
12/23/09  
FILED  
09 DEC 16 PM 12:22

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*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.*

  
\_\_\_\_\_  
Signature/Registered Agent

12/13/2009  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature/Incorporator

12/13/2009  
\_\_\_\_\_  
Date