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(Requestor's Name)

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(City/State/Zip/Phone #)

☐ PICK-UP

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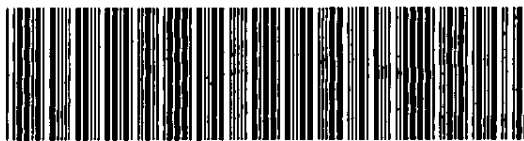
(Business Entity Name)

(Document Number)

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

4-23-10  
WC

## COVER LETTER

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

**SUBJECT:** Laurel Oaks Family Practice of Central 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      ☒ \$78.75  
Filing Fee      Filing Fee  
                         & Certificate of Status

☐ \$78.75      ☐ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                         & Certificate of  
                         Status

**ADDITIONAL COPY REQUIRED**

**FROM:** James Wilson Jr, D.O.

Name (Printed or typed)

2711 South Maguire Road

Address

Ocoee, Florida 34761

City, State & Zip

(407) 877-1990

Daytime Telephone number

cnwilson5@gmail.com

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

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

## **ARTICLE I NAME**

The name of the corporation shall be:

Laurel Oaks Family Practice of Central Florida, P.A.

## **ARTICLE II PRINCIPAL OFFICE**

The principal street address and mailing address, if different is:

2711 South Maguire Road  
Ocoee, FL 34761

## **ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Family Practice Medical Practice

## **ARTICLE IV SHARES**

The number of shares of stock is:

100,000

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

List name(s), address(es) and specific title(s):

James Wilson Jr,  
D.O., President  
2711 S Maguire Road  
Ocoee, Florida 34761

## **ARTICLE VI REGISTERED AGENT**

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

James Wilson Jr, D.O.  
2711 South Maguire Road  
Ocoee, Florida 34761

## **ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

James Wilson Jr, D.O.  
2711 South Maguire Road  
Ocoee, Florida 34761

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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*

James Wilson Jr D.O.

Signature/Registered Agent

James Wilson Jr D.O.

Signature/Incorporator

4/20/2010

Date

4/20/2010

Date

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2010 APR 22 P 12:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA