

PIA0000064810

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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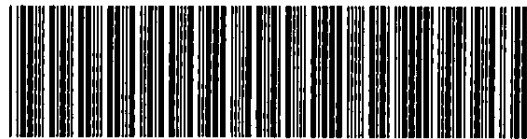
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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07/17/14--01011--017 **87.50

FILED
14 JUL 31 AM 11:07
SECRETARY OF STATE
TALLAHASSEE FLORIDA

W24-4A333

COVER LETTER

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

SUBJECT: Wesley Chapel Neurology 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: Joseph R. Bari
Name (Printed or typed)

29213 Crossland Dr.
Address

Wesley Chapel, FL 33543
City, State & Zip

813-451-9552
Daytime Telephone number

Joebari2013@gmail.com
E-mail address: (to be used for future annual report notification)

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 18, 2014

JOSEPH R. BASI
29213 CROSSLAND DR
WESLEY CHAPEL, FL 33543

SUBJECT: WESLEY CHAPEL NEUROLOGY
Ref. Number: W14000044333

We have received your document for WESLEY CHAPEL NEUROLOGY and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

The Registered Agent and Incorporators signatures cannot be initials. Please sign the full name of the Registered Agent and Incorporator.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Jessica A Fason
Regulatory Specialist II

Letter Number: 214A00015516

RECEIVED
14 JUL 31 12:15 PM
TALLAHASSEE, FL
SECRETARY OF STATE

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: Wesley Chapel Neurology, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

28945 State Rd 54 Ste 102
Wesley Chapel, FL 33543

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to provide quality
neurological patient care and education.
Provide outstanding, timely medical care in
an outpatient setting.

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Joseph Bari President Name and Title: _____

Address: 29213 Crossland Dr Address: 25 _____
Wesley Chapel, FL 33543

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

14 JUL 31 AM 11:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(cont.)

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: Joseph Bari
Address: 29213 Crossland Dr.
Wesley Chapel, Fl. 33543

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Joseph Bari
Address: 29213 Crossland Dr.
Wesley Chapel, Fl. 33543

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

JB / Joseph R. Bari
Required Signature/Registered Agent

7/14/14
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.

JB / Joseph R. Bari
Required Signature/Incorporator

7/14/14
Date
JUL 31 AM 11:07
DEPT. OF STATE
TALLAHASSEE, FLORIDA