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TALLAHASSEE, FLORIDA

SP

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Advanced Dermatology of Ohio, Inc.
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Amy E. DeClue
(Name of Person)

Leavitt Management Group, Inc.
(Firm/Company)

2600 Lake Lucien Drive, Suite 180
(Address)

Maitland, FL 32751
(City/State and Zip code)

For further information concerning this matter, please call:

Amy DeClue at (407) 875-2080 ext. 1166
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- ☒ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & Certificate of Status ☐ \$78.75 Filing Fee & Certified Copy ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

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**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

1. Advanced Dermatology of Ohio, Inc.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Ohio

(State or country under the law of which it is incorporated)

3. 20-1287968

(FEI number, if applicable)

4. 06/22/2004

(Date of incorporation)

5. Perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6. _____

(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 2600 Lake Lucien Drive, Suite 180 Maitland, FL 32751

(Principal office address)

2600 Lake Lucien Drive, Suite 180 Maitland, FL 32751

(Current mailing address)

8. to practice the profession of dermatology and the general practice of medicine

(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Michael D. Leavitt

Office Address: 2600 Lake Lucien Drive, Suite 180

Maitland

(City)

, Florida 32751

(Zip code)

10. **Registered agent's acceptance:**

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.



(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors:

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A. DIRECTORS

Chairman: Matt L. Leavitt, DO

Address: 1343 Classic Court North

Longwood, FL 32779

Vice Chairman: Michael D. Leavitt

Address: 182 Shadowbay Boulevard

Longwood, FL 32779

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Michael D. Leavitt

Address: 182 Shadowbay Boulevard

Longwood, FL 32779

Vice President: Matt Leavitt, DO

Address: 1343 Classic Court North

Longwood, FL 32779

Secretary: David Morell

Address: 1516 Emerald Isle Point Apopka, FL 32703

Treasurer: David Morell

Address: 1516 Emerald Isle Point Apopka, FL 32703

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NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. _____

(Signature of Director or Officer listed in number 12 of the application)

14. Michael D. Leavitt

(Typed or printed name and capacity of person signing application)

**United States of America
State of Ohio
Office of the Secretary of State**

*I, J. Kenneth Blackwell, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign corporations; that said records show **ADVANCED DERMATOLOGY OF OHIO, INC.**, an Ohio corporation, Charter No. 1472090, having its principal location in Dublin, County of Franklin, was incorporated on June 22, 2004 and is currently in **GOOD STANDING** upon the records of this office.*

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TALLAHASSEE, FLORIDA



*Witness my hand and the seal of the
Secretary of State at Columbus, Ohio
this 11th day of November, A.D. 2004*

J. Kenneth Blackwell

Ohio Secretary of State