

Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : FLORIDA FILLING & SEARCH SERVICES

Account Number : 120000000189

Phone

: (850)216~0457

Fax Number

; (850)216~0460

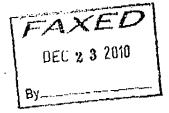
Enter the email address for this business entity to be used for futur annual report mailings. Enter only one email address please.

Email Address:

Dease Keep the Original Rile date

FOREIGN PROFIT/NONPROFIT CORPORATION Family Dermatology of Pennsylvania, PC

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Certificate of Status	0
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Page Count	04
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12/23/2010

FROM:

FAX NO. :

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Fax Server



December 27, 2010

850-617-6381

FLORIDA DEPARTMENT OF STATE

Division of Corporations

FLORIDA FILING & SEARCE SERVICES

SUBJECT: FAMILY DERMATOLOGY OF PENNSYLVANIA, PC

REF: W10000059295

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document submitted does not meet legibility requirements for electronic filing. Please do not attempt to refax this document until the quality has been improved.

If you have any questions concerning the filing of your document, please call (850) 245-6928.

Tim Burch Regulatory Specialist II FAX Aud. #: H10000275465 Letter Number: 510A00029777 FROM:

FAX NO. :

Dec. 29 2010 04:09AM P3/6

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COVER LETTER			
TO: New Filing Section Division of Corporations			
SUBJECT: FAMILY DERMATOLOGY OF PENNSYL	Vania, PC		
	- must include suffix		
Dear Sir or Madam:			
The enclosed "Application by Foreign Corporation for "Certificate of Existence," or "Certificate of Good Standardove referenced foreign corporation to transact business	ding" and check are submitted to register the		
Please return all correspondence concerning this matter	to the following:		
Name of	Person		
FAMILY DERMATOLOGY OF PENNSYLVANIA, PC			
Firm/Com	pany		
1305 S. FORT HARRISON AVE BLDG A			
Addre	ss		
CLEARWATER, FL 33756			
City/State a	nd Zip code		
<afrankel@myfamilydcrmpa.com></afrankel@myfamilydcrmpa.com>			
E-mail address; (to be used i	or future annual report notification)		
For further information concerning this matter, please c	ail:		
ANDREW FRANKEL at (267	ր 467-0283		
Name of Person Area (Code & Daytime Telephone Number		
STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	MAILING ADDRESS: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, P.L. 32314		
Enclosed is a check for the following amount: [\$70.00 Filing Fee	\$78.75 Filing Fee & \$87.50 Filing Fee, Certified Copy Certificate of Status & Certified Copy		

H 1 0 0 0 0 2 7 5 4 76 F

SECRETATY OF STATE

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

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

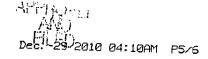
1	1 FAMILY DERMATOLOGY OF PENNSYLVANIA, PC						
_	(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Corp.," "Inc.," "Corp.," "Co						
	(If name unavailable in Florida, enter alternate cornorate)	MATINE	adopted for the purpose of transacting business in Florida)				
_	PENNSYLVANIA	_					
2	(State or country under the law of which it is incorporated)	3.)	(FBI number, if applicable)				
À	07/28/2006		PERPETUAL				
**	(Date of incorporation)	3.	(Duration: Year corp. will cease to exist or "perpetual")				
6.	N/A						
	(Date first transacted busin	C83	n Florida, if prior to registration) 502, F.S., to determine penalty liability)				
_	1305 S Fort Harrison Ave Bldg A Clearwater, FL 33756		202, s. 134, w coccurring behalf, transity,				
1	(Principal office	ado	ress)				
	(Current mailing	ado	iross)				
Ŕ	Office of physicians - dermotology						
	(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.C). Box <u>NOT</u> acceptable)				
	Name: Luz Precopio		<u> </u>				
Oi	ffice Address: 1305 S Fort Harrison Ave Bldg A						
	Clearwater,		. Florida 33756				
	(City)		(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.

By: (Regionald Space Algorithms)

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.

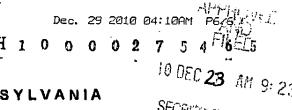


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10.24	SECRETARY OF STATE				
12. Names and business addresses of officers and/or directors:	TALLAHASSEE FLORIDA				
A. DIRECTORS					
Address: 4499 Garmon Road, Atlanta, GA 30327					
Vice Chalman:					
Address:					
Director: Paula Nelson, M.D.					
4400 Garmon Doed Atlanta GA 20327					
	•				
Director:	•				
Address:					
B. OFFICERS					
President: Paula Nelson, M.D.	,				
Address: 4499 Garmon Road, Atlanta, GA 30327					
Address: 4499 Garmon Road, Atlanta, GA 30327	M				
Secretary:					
Address:					
Treasurer:					
Address:					
	and distant officers and a dispersion				
NOTE: If necessary, you may attach un addendum to the application listi	ik deadloust orthests such of encours-				
Signature of Director or Officer					
The officer of director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that 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.	Controlle in the Nobia invalent or anno sommittees a				
14. Paula Nelson, M.D., President					

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

FAX NO. :



COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF STATE

DECEMBER 22, 2010

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

FAMILY DERMATOLOGY OF PENNSYLVANIA, PC

Is duly incorporated as a Pennsylvania Corporation under the laws of the Commonwealth of Pennsylvania and remains a subsisting corporation so far as the records of this office show, as of the date herein.

I DO FURTHER CERTIFY THAT, This Certificate of Good Standing shall not imply that all fees, taxes, and penalties owed to the Commonwealth of Pennsylvania are paid.



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written.

Secretary of the Commonwealth

Basil L. Merendo