

FROM :

F10000005676

FAX NO. :

Dec. 29

3:04 AM

2

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850) 617-6381

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FOREIGN PROFIT/NONPROFIT CORPORATION

Family Dermatology of Pennsylvania, PC

Certificate of Status	0
Certified Copy	0
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TALLAHASSEE, FLORIDA

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12/23/2010

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FROM :
850-617-6381

FAX NO. :
12/27/2010 10:38:06 AM PAGE 1/001 Fax Server

Dec. 29 2010 04:09AM P1/6



December 27, 2010

FLORIDA DEPARTMENT OF STATE
Division of Corporations
FLORIDA FILING & SEARCH SERVICES

SUBJECT: FAMILY DERMATOLOGY OF PENNSYLVANIA, PC
REF: W1000059295

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.

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Tim Burch
Regulatory Specialist II

FAX Aud. #: H10000275465
Letter Number: 510A00029777

FROM :

FAX NO. :

Dec. 29 2010 04:09AM P3/6

H 1 0 0 0 0 2 7 5 4 6 5

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: FAMILY DERMATOLOGY OF PENNSYLVANIA, PC

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," or "Certificate of Good Standing" 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:

Name of Person	
FAMILY DERMATOLOGY OF PENNSYLVANIA, PC	
Firm/Company	
1305 S. FORT HARRISON AVE BLDG A	
Address	
CLEARWATER, FL 33756	
City/State and Zip code	
<affrankel@myfamilydermpa.com>	
E-mail address: (to be used for future annual report notification)	

For further information concerning this matter, please call:

ANDREW FRANKEL	at	(267)	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, 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

FROM :

FAX NO. :

Dec. 29 2010 04:09AM P4/5

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10 DEC 23 AM 9:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**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. FAMILY DERMATOLOGY OF PENNSYLVANIA, PC

(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. PENNSYLVANIA

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

3.

(FBI number, if applicable)

4. 07/28/2006

(Date of incorporation)

5. PERPETUAL

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

6. N/A

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

7. 1305 S Fort Harrison Ave Bldg A Clearwater, FL 33756

(Principal office address)

(Current mailing address)

8. Office of physicians - dermatology

(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: Luz Precopio

Office Address: 1305 S Fort Harrison Ave Bldg A

Clearwater,

(City)

Florida 33756

(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: 

(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.

FROM :

FAX NO. :

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Dec 29 2010 04:10AM P5/6

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

A. DIRECTORS

Chairman: Paula Nelson, M.D.

Address: 4499 Garmon Road, Atlanta, GA 30327

Vice Chairman:

Address:

Director: Paula Nelson, M.D.

Address: 4499 Garmon Road, Atlanta, GA 30327

Director:

Address:

B. OFFICERS

President: Paula Nelson, M.D.

Address: 4499 Garmon Road, Atlanta, GA 30327

Vice President: Paula Nelson, M.D.

Address: 4499 Garmon Road, Atlanta, GA 30327

Secretary:

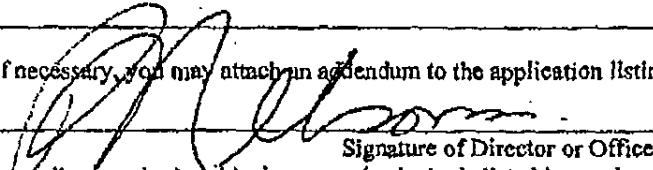
Address:

Treasurer:

Address:

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

13.


Signature of Director or Officer

The officer or 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.

14. Paula Nelson, M.D., President

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

FROM :

FAX NO. :

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10 DEC 23 AM 9:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

Basil L. Merenda

Secretary of the Commonwealth