

FROM :

FAX :

Dec. 9 12:15 PM P2/

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 FILING & SEARCH SERVICES
Account Number : I20000000189
Phone : (850) 216-0457
Fax Number : (850) 216-0460

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DIVISION OF CORPORATIONS
2010 DEC 23 AM 11:07

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FOREIGN PROFIT/NONPROFIT CORPORATION

Family Dermatology Staffing of Pennsylvania, Inc.

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$70.00

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12/22/10

FROM :

FAX NO. :

Dec. 29 2010 04:15AM P3/6

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: FAMILY DERMATOLOGY STAFFING OF PENNSYLVANIA, 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," 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 STAFFING OF PENNSYLVANIA, INC.

Firm/Company

1305 S Fort Harrison Ave Bldg A

Address

Clearwater, FL 33756

City/State and Zip code

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

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DIVISION OF CORPORATIONS
2010 DEC 23 AM 11:07

FROM :

850-617-6381

FAX NO. :

Dec. 29 2010 04:14AM P1/6

12/27/2010 10:42:48 AM PAGE 1/001 Fax Server



December 27, 2010

FLORIDA DEPARTMENT OF STATE

FLORIDA FILING & SEARCH SERVICES Division of Corporations

SUBJECT: FAMILY DERMATOLOGY STAFFING OF PENNSYLVANIA, INC.
REF: W10000059294

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile 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 refile this document until the quality has been improved.

If you have any further questions concerning your document, please call (850) 245-6973.

Claretha Golden
Regulatory Specialist II
New Filing Section

FAX Aud. #: H10000275468
Letter Number: 310A00029777

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DIVISION OF CORPORATIONS
2010 DEC 23 AM 11:07

FROM :

FAX NO. :

Dec. 29 2010 04:15AM P4/6

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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. FAMILY DERMATOLOGY STAFFING OF PENNSYLVANIA, 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. PENNSYLVANIA

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

3. _____

(FEI number, if applicable)

4. 01/27/2006

(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, P.S., to determine penalty liability)

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

(Principal office address)

(Current mailing address)

8. Employment of medical staff

(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 Frecoopio

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.

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
2010 DEC 23 AM 11:07

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FROM :

FAX NO. :

Dec. 29 2010 04:15AM P5/6

H 1 0 0 0 0 2 SECRETARY OF STATE
DIVISION OF CORPORATIONS

2010 DEC 23 AM 11:07

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

A. DIRECTORS

Chairman: Andrew C. Frankel

Address: 1803 Pine Street, Suite 3, Philadelphia, PA 19103

Vice Chairman: _____

Address: _____

Director: Bamidele Agbowu

Address: 1803 Pine Street, Suite 3, Philadelphia, PA 19103

Director: _____

Address: _____

B. OFFICERS

President: Adeyinka Adesokan

Address: 1803 Pine Street, Suite 3, Philadelphia, PA 19103

Vice President: Andrew C. Frankel

Address: 1803 Pine Street, Suite 3, Philadelphia, PA 19103

Secretary: Bamidele Agbowu

Address: 1803 Pine Street, Suite 3, Philadelphia, PA 19103

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 listed in number 12 of the application)

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. Andrew C. Frankel, Vice President

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

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FROM :

FAX NO. :

Dec. 29 2010 04:16AM P6/6

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COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE

DECEMBER 10, 2010

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2010 DEC 23 AM 11:07

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

FAMILY DERMATOLOGY STAFFING OF PENNSYLVANIA, INC.

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

Certification Number: 9165962-1

Verify this certificate online at <http://www.corporations.state.pa.us/corp/soskb/verify.asp>

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