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

From: Account Name : BUSINESS FILINGS
Account Number : 105256001620
Phone : (608)827-5300
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FOREIGN PROFIT/NONPROFIT CORPORATION

Compass Dermatopathology, Inc.

Certificate of Status	0
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Page Count	04
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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. Compass Dermatopathology, 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. California

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

3. 27-2031022

(FBI number, if applicable)

4. 6/8/2010

(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. 7300 Girard Avenue Suite 104, La Jolla, California 92037

(Principal office address)

7300 Girard Avenue Suite 104, La Jolla, California 92037

(Current mailing address)

8. 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: Business Filings Incorporated

Office Address: 515 E. Park Avenue,

Tallahassee

(City)

, Florida 32301

(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.

Mark Williams

Mark Williams, AVP, Business Filings Incorporated

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

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A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: Antoanella CalameAddress: 7300 Girard Avenue Suite 104, La Jolla, California 92037Director: Brook BrouhaAddress: 7300 Girard Avenue Suite 104, La Jolla, California 92037

B. OFFICERS

President: Antoanella CalameAddress: 7300 Girard Avenue Suite 104, La Jolla, California 92037Vice President: Brook BrouhaAddress: 7300 Girard Avenue Suite 104, La Jolla, California 92037Secretary: Antoanella CalameAddress: 7300 Girard Ave Suite 104 La Jolla CA 92037Treasurer: Brook BrouhaAddress: 7300 Girard Ave Suite 104 La Jolla CA 92037

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

13. Antoanella Calame

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

14. Antoanella Calame, President

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

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State of California
Secretary of State

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CERTIFICATE OF STATUS

ENTITY NAME:

COMPASS DERMATOPATHOLOGY, INC.

FILE NUMBER: C3302484
FORMATION DATE: 06/08/2010
TYPE: DOMESTIC CORPORATION
JURISDICTION: CALIFORNIA
STATUS: ACTIVE (GOOD STANDING)

I, DEBRA BOWEN, Secretary of State of the State of California,
hereby certify:

The records of this office indicate the entity is authorized to
exercise all of its powers, rights and privileges in the State of
California.

No information is available from this office regarding the financial
condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate
and affix the Great Seal of the State of
California this day of April 05, 2012.

Debra Bowen

DEBRA BOWEN
Secretary of State