

F12000003094

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

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MAIL

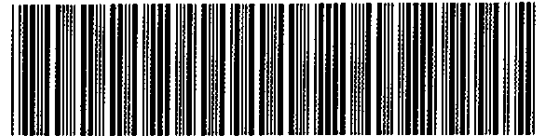
(Business Entity Name)

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Ps 7/26/12

FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302

155 Office Plaza Dr Ste A Tallahassee FL 32301

PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 07-23-2012

NAME: SKIN DIAGNOSTICS GROUP, P.C.

**TYPE OF FILING: APPLICATION BY FOREIGN CORPORATION TO
TRANSACT BUSINESS IN FLORIDA**

COST: \$78.75

RETURN: CERTIFIED COPY

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE

AbbieHodge



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 24, 2012

FLORIDA FILING & SEARCH SERVICES, INC.

SUBJECT: SKIN DIAGNOSTICS GROUP, P.C.
Ref. Number: W12000038861

We have received your document for SKIN DIAGNOSTICS GROUP, P.C. and the authorization to debit your account in the amount of \$78.75. However, the document has not been filed and is being returned for the following:

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Pamela Smith
Regulatory Specialist II

Letter Number: 412A00019431

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COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Skin Diagnostics Group, P.C., Corporation
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:

Capitol Services Corporate Filings Team

Name of Person

Capitol Services, Inc.

Firm/Company

800 Brazos, Suite 400

Address

Austin, TX 78701

City/State and Zip code

kparrish@skindxgroup.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

_____ at (800) 345-4647
Name of Person Area Code & Daytime Telephone Number

IMPORTANT: The email address entered here will be utilized for future ANNUAL REPORT NOTIFICATIONS!!

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

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. Skin Diagnostics Group, P.C., Corporation
(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. Alabama 3. 27-0379971
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 06/16/2009 5. Perpetual
(Date of incorporation) (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. 3125 Independence Drive, Suite 301, Birmingham, AL 35209
(Principal office address)

(same as #7)
(Current mailing address)

8. medical practice, specializing in pathology
(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: Capitol Corporate Services, Inc.

Office Address: 155 Office Plaza Dr Ste A
Tallahassee, Florida 32301
(City) (Zip code)

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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.

Peggy Calder (Registered agent's signature)
Peggy Calder, Assistant Secretary on behalf of Capitol Corporate Services, Inc.

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:

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: James Alan Long, M.D.

Address: (same as #7)

Director: _____

Address: _____

B. OFFICERS

President: James Alan Long, M.D.

Address: (same as #7)

Vice President: Grant Eudy, M.D.; Matthew Woods, M.D.; Arther Hontzas; Elyse Wallace

Address: (same as #7)

Secretary: James Alan Long, M.D.

Address: (same as #7)

Treasurer: James Alan Long, M.D.

Address: (same as #7)

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

13. James Alan Long
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. James Alan Long, M.D., President

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

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Beth Chapman
Secretary of State

P. O. Box 5616
Montgomery, AL 36103-5616

STATE OF ALABAMA

I, Beth Chapman, Secretary of State of Alabama, having custody of the Great and Principal Seal of said State, do hereby certify that

the entity records on file in this office disclose that Skin Diagnostics Group, P.C. was formed in Jefferson County, Alabama on June 16, 2009. The Alabama Entity Identification number for this entity is 261-294. I further certify that the records do not disclose that said entity has been dissolved, cancelled or terminated.

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In Testimony Whereof, I have hereunto set my hand and affixed the Great Seal of the State, at the Capitol, in the city of Montgomery, on this day.

7/20/2012

Date

Beth Chapman

Beth Chapman

Secretary of State



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