## P1400001498

(Requestor's Name)
(Address)
(Address)
( isology)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Lacinoso Line)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

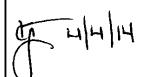
Office Use Only



400258161474

03/31/14--01042--009 \*\*87.50

NAMES OF SORPORATION



## **COVER LETTER**

SUBJECT: Advanced Dermatology and Dermatopathology, Inc.
Name of corporation - must include suffix

**TO:** New Filing Section Division of Corporations

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation" Certificate of Existence," or "Certificate of Good above referenced foreign corporation to transact b	d Standing" and check are su			
Please return all correspondence concerning this n	natter to the following:	·		
Samir B. Patel				
Nam	ne of Person	,		
01 15 1.1.	1 D	1	<b>4</b> . <b>T</b>	
Advanced Dermatolog	Y and Verma /Company	topatholo	34,1	-nc
5184 Socialville - Fo	ster Rd			
	Address			
MASON OHIO 450	40			
MASON OHIO 450 City/St	ate and Zip code			
Samirpatel 3 @ 44h E-mail address: (10 be a	DD. COM			
E-mail address: (to be a	used for future annual report	notification)		
For further information concerning this matter, ple	ease call:			
Samir B. Patel at (5) Name of Person	13 ) 225-800	9		
Name of Person A	Area Code & Daytime Telep	hone Number	=	
	•		14 MAR 31 PM	55 M
			<del>2</del> 5	- m
STREET/COURIER ADDRESS:	MAILING A		$\frac{\omega}{\omega}$	- <del>11 22 -</del>
New Filing Section Division of Corporations	New Filing S Division of C		وت_	골목
Clifton Building	P.O. Box 632			54
2661 Executive Center Circle	Tallahassee,		င္မာ	<b>E</b> E
Tallahassee, FL 32301	i dilalia 300,	1.0 30311	12	
				SNC
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 Certificate o Certified Co	f Status &	E

## 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.

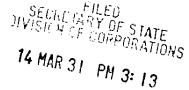
1. Advance (Enter name of e "Inc" "Co" "C	d Dermatology a orporation; must include "INCORFORP." "Inc." "Co." or "Corp.")	nd Dermatopathology, Inc PORATED," "COMPANY," "CORPORATION,"	orporated
	·	porate name adopted for the purpose of transacting busin	•
		orated)  3. 200329274  (FEI number, if applicable)  5. perpetual  (Duration: Year corp. will cease to exist of	
6	(SEE SECTIONS 607.15	d business in Florida, if prior to registration) 01 & 607.1502, F.S., to determine penalty liability)	
5184	Social ville- Fos	oster Rd mASON, Ot all office address)  Ster Rd mASON, OH mailing address)  1094 e state or country to be carried out in state of Florida)	
	t address of Florida registered to	Berlin, esquire	SECRITAS DIVISION CET
Office Address:	16354 Vintage Delray Beach (City)	e Daks Lane , Florida 33484 (Zip code)	SY OF STATE CURPORATIO
Having been nam designated in this further agree to c duties, and I am f	application, I hereby accept the omply with the provisions of all amiliar with and accept the obj	accept service of process for the above stated corpore appointment as registered agent and agree to a listatutes relative to the proper and complete perfiligations of my position as registered agent.	oration at the place

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.

(Registered agent's signature)

12. Names and business addresses of officers and/or directors:	SECKETARY OF STATE DIVISION OF CORPORATIONS
A. DIRECTORS	MAIDIC M OF CORPORATIONS
Chairman: Samir B. Patel	14 MAR 31 PM 3: 13
Address: 5184 Socialville-Foster Rd	
MASON OH 45040	
Vice Chairman:	
Address:	
Director: Samir B. Patel	
Address: 5184 Social ville-Foster 1	Rd
Director:	
Address:	
B. OFFICERS	
President: Samir B. Patel	
Address: 5184 Socialville-Foster R	.d
MASON OH 45040	
Vice President:	
Address:	
Secretary: Samir B Patel	
Address: 5184 Socialville- Foster Ro	d MASON OHYSOY
Freasurer: Samir B. Patel	
Address: 5184 Socialville-Foster Rd MA	SON OH 45040
NOTE: If necessary you may attach an addendum to the application listing addi	tional officers and/or directors.
13.	
Signature of Director or Officer The officer or director signing this document (and who is listed in number 12 abo are true and that he or she is aware that false information submitted in a documen a third degree felony as provided for in s.817.155, F.S.	
14 Samir B. Patel Preside	. n+

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



## UNITED STATES OF AMERICA 14 STATE OF OHIO OFFICE OF THE SECRETARY OF STATE

I, Jon Husted, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show ADVANCED DERMATOLOGY AND DERMATOPATHOLOGY, INC., an Ohio corporation, Charter No. 1416995, having its principal location in Cincinnati, County of Hamilton, was incorporated on October 14, 2003 and is currently in GOOD STANDING upon the records of this office.



Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 26th day of March, A.D. 2014.

**Ohio Secretary of State** 

Validation Number: 201408502064