

F1500004S6S

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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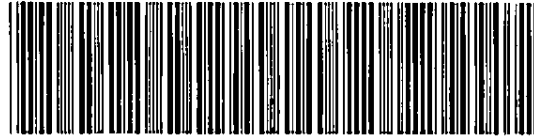
(Business Entity Name)

(Document Number)

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NOTICE OF FILING  
FALLAHASSEE, FLORIDA

NOV 27 2017

S. YOUNG



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 8, 2017

JENNIFER SCHNEIDER  
STATE LICENSE SERVICING  
1751 STATE ROAD 17A STE 3  
FLORIDA, NY 10921

SUBJECT: ENCORE DERMATOLOGY INC.  
Ref. Number: F15000004868

We have received your document for ENCORE DERMATOLOGY INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

CURRENT REGISTERED AGENT MUST BE LISTED

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) 245-6050.

Shelia H Young  
Regulatory Specialist II

Letter Number: 317A00022715

RECEIVED  
17 NOV 27 PM 2:29  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: ENCORE DERMATOLOGY INC.  
Name of Corporation

DOCUMENT NUMBER: F06000005378

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jennifer Schneider  
Name of Contact Person

State License Servicing  
Firm/Company

1751 State Route 17A, Suite 3  
Address

Florida, NY 10921  
City/State and Zip Code

ECDE@slsny.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jennifer Schneider at ( 845 ) 544-2482  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR  
BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Delaware in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: ENCORE DERMATOLOGY INC.  
2. The principal office address: 5 GREAT VALLEY PARKWAY, SUITE 200  
MALVERN, PA 19355  
3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 11/03/2015 Document number: F15000004868

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned) CT Corporation System

1200 SOUTH PINE ISLAND ROAD

PLANTATION, FL 33324

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

InCorp Services, Inc.

17888 67th Court North

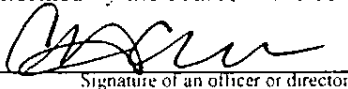
P.O. Box NOT acceptable

Loxahatchee, FL 33470

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TALLAHASSEE, FLORIDA

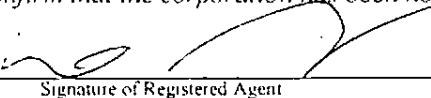
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

  
Signature of an officer or director

CHRISTINE CANNON  
Printed or typed name and title  
ATTORNEY-IN-FACT

*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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

  
Signature of Registered Agent

09/29/2017

Date

If signing on behalf of an entity:

Nadine Long on behalf of InCorp Services, Inc.

Typed or Printed Name

\*\*\* FILING FEE: \$35.00 \*\*\*

LIMITED POWER OF ATTORNEY

BE IT KNOWN, that Robert Moccia of Encore Dermatology, Inc.  
principal offices at 13951 N. Scottsdale Rd, Ste 120 Scottsdale, AZ 85254  
in the capacity of CEO & President, has made and appointed, and by  
these presents does make and appoint Christine Cannon of State License Servicing Inc., 1751 State Rte.  
17A, Suite 3, Florida, NY 10921, true and lawful attorney-in-fact for her and in her name, place and stead,  
for the following specific and limited purposes only:

Application, servicing and renewals of all state licenses, permits, business licenses, foreign  
qualifications, and drug and device product registrations required for Encore Dermatology  
to operate as a manufacturer and/or wholesale distributor in all states, as required. This Power of  
Attorney specifically precludes and limits State License Servicing Inc.'s power and authority from  
receiving, answering or defending any complaint or disciplinary action against  
Encore Dermatology by any state or federal authority, but giving and  
granting said attorney, full power and authority to do and perform all and every act and thing whatsoever  
necessary to be done in and about the specific and limited premises (set out herein) as fully, to all intents  
and purposes, as might or could be done if I were personally present, with full power of substitution and  
revocation, hereby ratifying and confirming all that said attorney shall lawfully do or cause to be done by  
virtue hereof. This Power of Attorney ☐ does ☐ does not name State License Servicing Inc as  
Representative Agent in Puerto Rico on behalf of \_\_\_\_\_ to act  
in the capacity of representative agent as defined by Puerto Rico law. State License Servicing will act as a  
liaison only in Puerto Rico, at no time will have possession of any drugs, and will file and process  
paperwork only.

IN WITNESS WHEREOF, I have hereunto set my hand and seal

this 27 day of February, 2017.

Robert Moccia

Commonwealth of PA  
County of Chester

The foregoing instrument subscribed and sworn to before me this 27 day of February, 2017, by:  
Robert Moccia who is personally known by me or who has  
produced NA as identification.

Darlene Dippolito  
Notary Public  
State of  
My Commission Expires:

COMMONWEALTH OF PENNSYLVANIA  
Notarial Seal  
Darlene Dippolito, Notary Public  
West Chester Boro, Chester County  
My Commission Expires Aug. 26, 2017  
MEMBER, PENNSYLVANIA ASSOCIATION OF NOTARIES

(SEAL)

Christine Cannon  
Accepted: Christine Cannon, Attorney-in-Fact

Date: 4/18/17