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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



500287087795

500287087795
06/21/16--01022--012 **78.75

FILED
16 AUG -5 PM 4: 23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AUG 05 2016
J. HARRIS

500287087795

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: North Atlanta Dermatology, PC
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:

Elaine DiMaggio
Name of Person

North Atlanta Dermatology
Firm/Company

3850 Pleasant Hill Rd.
Address

Duluth, GA 30096
City/State and Zip code

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

For further information concerning this matter, please call:

Elaine DiMaggio at (678) 672-4310 cell: 404-312-3465
Name of Person Area Code Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

Registration 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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 22, 2016

ELAINE DIMAGGIO
3850 PLEASANT HILL RD
DULUTH, GA 30096

SUBJECT: NORTH ATLANTA DERMATOLOGY, PC
Ref. Number: W16000045364

We have received your document for NORTH ATLANTA DERMATOLOGY, PC and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name listed in number one of the application must be identical to the name listed in the certificate of existence.

Acceptable suffix included after PC.,

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) 245-6051.

Jenna D Harris
Regulatory Specialist II

Letter Number: 7:16A00013433

2016 AUG -5 PM 3:44
TALLAHASSEE, FLORIDA

FILED
16 AUG -5 PM 4:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 27, 2016

ELAINE DIMAGGIO
3850 PLEASANT HILL RD
DULUTH, GA 30096

SUBJECT: NORTH ATLANTA DERMATOLOGY, PC
Ref. Number: W16000045364

*7-11-16
Correction
attached
Thank you!*

2016 JUL 18 PM 4:12
TALLAHASSEE, FLORIDA

We have received your document for NORTH ATLANTA DERMATOLOGY, PC and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Florida law does not provide for the recognition of a foreign professional corporation. An acceptable corporate suffix will need to be added to your entity name for this Department to accept and file your document.

Acceptable suffix included after PC.,

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) 245-6051.

Jenna D Harris
Regulatory Specialist II

Letter Number: 716A00013433

15 AUG -5 PM 4:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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. ~~North Atlanta Dermatology, P.C., Inc.~~
~~North Atlanta Dermatology, P.C., Inc.~~
* North Atlanta Dermatology, P.C., Inc. *Eed 8-1-16*
(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. Georgia (Gwinnett County) 3. 582357525
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 9/22/1997 5. _____
(Date of incorporation) (Date of duration, if other than 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. 3850 Pleasant Hill Rd. Duluth, GA 30096
(Principal office address)

↑

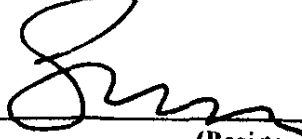
(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Frank Glass, M.D.
Office Address: 8455 66th Street N
Pinecrest Park, Florida 33781
(City) (Zip code)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

9. 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.

*  L. FRANK GLASS
(Registered agent's signature)

10. 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.

1 f. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: Gabrielle^m Sabini, M.D.

Address: 3850 Pleasant Hill Rd.
Duluth, GA 30096

Vice Chairman: Charles J. Douchy M.D.

Address: 3850 Pleasant Hill Rd.
Duluth, GA 30096

Director: Matthew J. Reschly, M.D.

Address: 3850 Pleasant Hill Rd.
Duluth GA 30096

Director: Abhik D. Dhar, M.D.

Address: 3850 Pleasant Hill Rd.
Duluth, GA 30096

B. OFFICERS

(addresses are all same on this page)

President: Gabrielle M. Sabini M.D.

Address: same as above

Vice President: Charles J. Douchy M.D., Matthew J. Reschly M.D.
Abhik D Dhar, M.D.

Address: _____

Secretary: Elaine C. DiMaggio

Address: same as above

Treasurer: Elaine C. DiMaggio

Address: same as above

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TALLAHASSEE FLORIDA

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

12. Elaine C. DiMaggio

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 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.

13. Elaine C. DiMaggio Practice Manager

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

STATE OF GEORGIA

Secretary of State

Corporations Division

313 West Tower

2 Martin Luther King, Jr. Dr.

Atlanta, Georgia 30334-1530

CERTIFICATE OF EXISTENCE

I, Brian P. Kemp, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

NORTH ATLANTA DERMATOLOGY, PC

a **Domestic Profit Corporation**

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Docket Number : 13202568
Date Inc/Auth/Filed : 09/22/1997
Jurisdiction : Georgia
Print Date : 06/14/2016
Form Number : 211



B. P. Kemp

Brian P. Kemp
Secretary of State