F18000001847

| (Re | questor's Name) | |
|-------------------------|---|-----------------|
| (110 | Adostor s Harrie) | |
| (Ad | dress) | |
| (^0 | uress) | |
| - (A- | (| |
| (Ad | ldress) | |
| | | |
| (Cr | ty/State/Zip/Phone | : #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Nam | ne) |
| (Dr | ocument Number) | |
| (50) | , | |
| Certified Copies | Certificates | of Status |
| <u></u> | _ | |
| | | |
| Special Instructions to | Filing Officer: | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | 000 | |
| | Office Use Onl | IV |

100308951541

100308951541 04/02/18--01030--030 **87.50

2011 APR 11 O PH 3: 14

J. HARRIS

COVER LETTER

Tell Dermatology Consulting Services PA
Name of corporation - must include suffix

TO: Registration Section

Division of Corporations

SUBJECT: <u>Cockerell</u>

| 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: Mark Faselle LVP Health Plans Name of Person Cockerell Dermatalogy Consulting Services, PA Firm Company 2110 Research Row # 101 Address Dallas TX 15235 City/State and Zap code M Faselle & Dermath. Com E-mail address: (to be used for future annual report notification) |
| For further information concerning this matter, please call: |
| Brenda Wander at (214) 530-5220 Name of Person Area Code Daytime Telephone Number |
| STREET/COURIER ADDRESS: Registration Section Division of Corporations Clitton 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 & 🗇 \$78.75 Filing Fee & 🥰 \$87.50 Filing Fee. Certificate of Status — Certified Copy — Certified Copy Certified Copy |



...

April 5, 2018

MARK FASELLE 2110 RESEARCH ROW #101 DALLAS, TX 75235

SUBJECT: COCKERELL DERMATOLOGY CONSULTATION SERVICES, P.A.

Ref. Number: W18000032378

We have received your document for COCKERELL DERMATOLOGY CONSULTATION SERVICES, P.A. and your check(s) totaling \$87.50. 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.

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.

Acceptable suffix included after PA.,

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: 618A00006866

RECEIVED

JIBAPR 19 AM 11: 07

UFPARTMENT OF STATE

UNIVERSITY OF CONFORTER

JALLAHASSEE FLORE

JALLAHASSEE

18 AFR 11 9 FH 3: 42

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.

| (If name unavai | able in Florida, enter alternate corporate name i | dopted for the purpose of transacting | g business in Florida) |
|--|--|---|---|
| 2. Texas | 3. | 75-2679052 | |
| (State or count | ry under the law of which it is incorporated) | (FEI number, if ap | plicable) |
| 4. 10-30-1996 | 5. | | |
| (Date | e of incorporation) | (Date of duration, if other | than perpetual) |
| 5 | | | |
| | (Date first transacted business in (SEE SECTIONS 607.1501 & 607.15 | | •··) |
| - 2110 D | | 102, F.S., to determine penany habiti | ·y) |
| 2110 Research R | ow Suite 101, Dallas Texas 75235 | al office address) | |
| | (Time) | at other somess) | |
| | (Current mailir | ig address, if different) | |
| | • | , | 2018 |
| . Name and stre | et address of Florida registered agent: (P.C |). Box NOT acceptable) | |
| Nia | Carlos Ricotti | | 加) - 通 - * 200 * ** |
| Name: | Carlos Ricord | | الم المراجع ا |
| Office Address: | 1070 NE 87th Street | <u></u> | |
| | Miami | , Florida 33138 | $\{\overline{z}_{i}\}$ بب $\{\overline{z}_{i}\}$ |
| | (City) | (Zip code) | |
| | , , | | *** |
| | ent's acceptance: | as of process for the should state | d composition at the |
| | | | u corporution at the p |
| aving been nam | ed as registered agent and to accept servi | | ee to act in this capac |
| esignated in this urther agree to c | | nent as registered agent and agr elative to the proper and compl | ete performance of my |

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.

| 11. Names and business addresses of officers and/or directors; | | |
|--|--|--|
| A. DIRECTORS | | |
| Chamman Clay J. Cockerell | | |
| Address: 2110 Research Row #101 | | |
| Dalles TX 15235 | | |
| Vice Chairman (* **) | | |
| Address: | | |
| | | |
| Director. | | |
| Address: | | |
| Audit33. | | |
| Director / / | | |
| | | |
| Address: | | |
| | | |
| B. OFFICERS | | |
| President Clay J Cockerell Address 2110 Research Row # 101 | | |
| | | |
| Delles TX 75235 | | |
| Vice President: | | |
| Address: | | |
| | | |
| Secretary | | |
| Address:/ / | | |
| Treasurer | | |
| Address: | | |
| NOTE: If necessary, you may at ach an addended to the application listing additional officers and/or directors. | | |
| 12 Pay I (sell) | | |
| Signature of Director of 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. Clay J. Cockerell, Presidend (Typed or printed name and capacity of person signing application) | | |
| · Marie and the state of the same and the same appropriate the same appropriate the same and the | | |

2918 APR 11 91 PM 3: 146



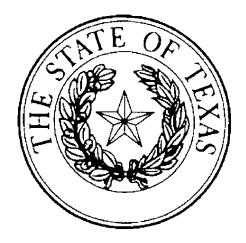
Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Articles Of Association for COCKERELL DERMATOLOGY CONSULTATION SERVICES, P.A. (file number 81749303), a Professional Association, was filed in this office on October 30, 1996.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on March 26, 2018.





Rolando B. Pablos Secretary of State

Dial: 7-1-1 for Relay Services Document: 802727360003

Phone: (512) 463-5555 Prepared by: SOS-WEB