

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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(((H15000034659 3)))



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babrams66@gmail.com

5

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Help

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STATEMENT OF AUTHORITY

Pursuant to section 605.0302(1), Florida Statutes, this limited liability company submits the following statement of authority:
FIRST: The name of the limited liability company is: PREMIER DERMATOLOGY, UC
SECOND: The Florida Document Number of the limited liability company is: 1300093862
THIRD: The street address of the limited liability company's principal office is: 3328 BEE RIDGE ROAD
SAPASUTA, FLORIDA 34239
The mailing address of the limited liability company's principal office is: 3328 BEE RIDGE ROAD
SARASOTA, FLORIDA 34239
FOURTH: This statement of authority grants or sets limitations of authority on all persons having the status or position of a person in a company, whether as a member, transferce, manager, officer or otherwise or to a specific person on the following: 1. May execute an instrument transferring real property held in the name of the company.
Robert Finkelstein, DO and
b. No authority granted to:
2. May enter into other transactions on behalf of, or otherwise act for or bind, the company,
Robert Finkelstein, DO and Robert Finkelstein, DO
b. No authority granted to:
* MEUB Bradley Alorams DO
Signature of authorized representative Typed or printed name of signature Filing Fee: \$25.00 Certified Copy: \$30.00 (optional)
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