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06/07/05--01035--002 **125.00

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

Ø \$125.00 Filing Fee

SUBJECT: Skin Laser and Surgery Specialists of New York and New Jersey, L.L.C.

(Name of Limited Liability Company)

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida..

Please return all correspondence concerning this matter to the following:

John D. Fanburg, Es	sq.	
(N	Name of Person)	SECTE SECTE
WolfBlock Brach Eichler		語る
(F	Firm/Company)	ranista Ta
101 Eisenhower Parkway		OF STATE
	(Address)	マラ いい
Roseland, New Jersey 07068		
(City/S	State and Zip Code)	
For further information concerning this matter, p	olease call:	
Alyson Schaffer, Esq.	at (973) 364-5204	
(Name of Person)	(Area Code & Daytime Telephone Number)	•
STREET ADDRESS:	MAILING ADDRESS:	
Registration Section	Registration Section	
Division of Corporations	Division of Corporations	
409 E. Gaines Street	P.O. Box 6327	
Tallahassee, Florida 32399	Tallahassee, Florida 32314	
Enclosed is a check for the following amount:		

Certificate of Status

□ \$130.00 Filing Fee & □ \$155.00 Filing Fee & □ \$160.00 Filing Fee, Certificate

Certified Copy

of Status & Certified Copy

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1.	Skin Laser and Surgery Specialists of New York and New Jersey, L.L.C. (Name of Foreign Limited Liability Company)	
	New Jersey (Jurisdiction under the law of which foreign limited liability company is organized) 3. 22-3646458 (FEI number, if applicable)	
4.	March 24, 1999 (Date of Organization) 5. perpetual (Duration: Year limited liability company will cease to exist or "perpetual")	-
6.		
7.	(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability) 20 Prospect Avenue, Suite 702	
′•	Hackensack, New Jersey 07601	Ī
	(Street Address of Principal Office) If limited liability company is a manager-managed company, check here The name and usual business addresses of the managing members or managers are as follows: David J. Goldberg, M.D.	i
	20 Prospect Avenue, Suite 702	
	Hackensack, New Jersey 07601	
the tra	Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of record ejurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a inslation of the certificate under oath of the translator must be submitted.)	lsin
11	Nature of business or purposes to be conducted or promoted in Florida: Medicine	
	Signature of a member or an authorized representative of a member. (In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.) David J. Goldberg, M.D.	
	Typed or printed name of signee	

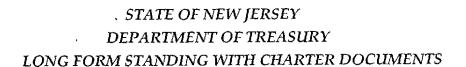
CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

	nd Surgery Specialists of New	ress of the registered agent and office are:	
	David J. Goldberg, M.D.		
		(Name)	
	4800 North Federal Highway, Suite C-101 Florida Street Address (P.O. Box NOT ACCEPTABLE)		SECRETARY TALLAHASSE
	Boca Raton	FI. 33431	<u></u>
		City/State/Zip	OF STATE OF LORIDA
liability com agent and ag relating to th	pany at the place designated gree to act in this capacity. I he proper and complete perfo	and to accept service of process for the above I in this certificate, I hereby accept the appoi I further agree to comply with the provisions formance of my duties, and I am familiar with agent as provided for in Chapter 608, Florida	intment as registered of all statutes a and accept the

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

(Signature)



SKIN LASER AND SURGERY SPECIALISTS OF NEW YORK AND NEW JERSEY, L.L.C.

0600065350

With the Previous or Alternate Name SKIN LASER & SURGERY CENTERS OF NY AND NJ, L.L.C. (Previous Name)

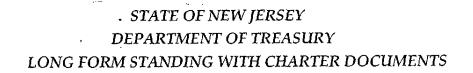
I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Limited Liability Company was registered by this office on March 24, 1999.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and registered office are:

John D. Fanburg, Esq. C/O Brach, Eichler, Rosenberg Et Al 101 Eisenhower Pkway Roseland, NJ 07068

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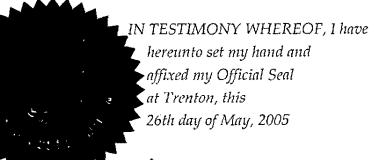


KIN LASER AND SURGERY SPECIALISTS OF NEW YORK AND NEW JERSEY, L.L.

I further certify that as of the date of this certificate, the following amendments and changes are on file in this office:

Name Change

12/20/1999



John E McCormac, CPA State Treasurer