

MI3000004859

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

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2014 APR -7 AM 11:38
TALLAHASSEE FLORIDA
CLERK OF SUPERIOR COURT

APR 09 2014
J. BRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GCD ManageCo, LLC

Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Sam Kopta

Name of Person

Dermatology Solutions Group, LLC

Firm/Company

5203 Maryland Way, Suite 200

Address

Brentwood, TN 37027

City/State and Zip Code

sam.kopta@dermsolutionsgroup.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sam Kopta

Name of Person

at (850) 233-3376 x 1904

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

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

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$30 Filing Fee &
Certificate of Status

☐ \$55 Filing Fee &
Certified Copy

☐ \$60 Filing Fee,
Certificate of Status &
Certified Copy

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TALLAHASSEE FLORIDA
SECRETARY OF STATE

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA**

SECTION I (1-3 must be completed)

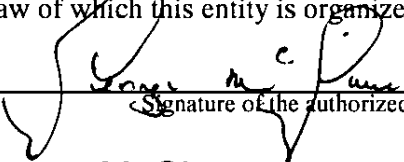
1. Name of limited liability Company as it appears on the records of the Florida Department of State: GCD ManageCo, LLC
2. Jurisdiction of its organization: Delaware
3. Date authorized to do business in Florida: 08/02/2013

SECTION II (4-7 complete only the applicable changes)

4. New name of the limited liability company: Dermatology Solutions Group, LLC
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

5. If the amendment changes the jurisdiction of organization, indicate new jurisdiction: _____
6. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e) indicate that change: _____
7. Attached is an original certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.



Signature of the authorized representative
George McGinn

Typed or printed name of signee

Filing Fee: \$25.00

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TALLAHASSEE FLORIDA

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "DERMATOLOGY SOLUTIONS GROUP, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SEVENTH DAY OF MARCH, A.D. 2014.

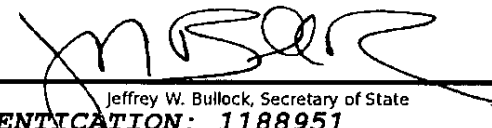
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TALLAHASSEE FLORIDA

5373585 8300

140257316

You may verify this certificate online
at corp.delaware.gov/authver.shtml




Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 1188951

DATE: 03-07-14