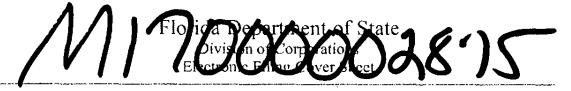
Division of Corporations



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Foreign Limited Liability Company **Dermatology Medical Partners LLC**

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TO:

COVER LETTER

	egistration Section Ivision of Corporation	ns				
SUBJECT	DERMATOLOGY	MEDICAL PARTNERS LL	С			
			Limited Liability (Company		
The enclos Existence,	ed "Application by For and check are submitte	eign Limited Liability Comp d to register the above refere	any for Authoriza inced foreign limit	tion to Tra ed Hability	insact Business in Florida," (company to transact busine	Certificate of ss in Florida
Picase retu	rn all correspondence o	oncerning this matter to the	following:			
	JAYNE MCGI	VNEY				
		Na	une of Person			
ROBERTS MCGIVNEY ZAGOTTA LLC						
Firm/Company						
	55 W. MONRO	DE ST., STE 1700				
Address						
	CHICAGO, IL	60603				
		City/S	tate and Zip Code			
	JMCGIVNEY@	RMCZLAW.COM				
	1	E-mail address: (to be used	for future annual	report not	ification)	
For further	information concernin	g this matter, please call:				
. J.	AYNE MCGIVNEY		312 at (251-22	93	
-	Name o	f Contact Person	Area Code	Dny	93 time Telephone Number	
D R P.	MAILING ADDRESS: ivision of Corporations egistration Section O. Box 6327 allahassee, FL 32314		Ÿ	Division Registrat Clifton B 2661 Exe	ADDRESS: of Corporations ion Section uilding ecutive Center Circle ice, FL 32301	
	s a check for the follow I \$125.00 Filing Fec	ring amount: □ \$130.00 Filing Fee & Certificate of Status	☐ \$155,00 Filit Certified Copy	**	☐ \$160.00 Filing Fee, Cer of Status & Certified Copy	

	TION 605.0902, FLORIDA STATUTES, ISINESS IN THE STATE OF FLORIDA.		UBMITITED TO REGIST	TER A FOREIGN LIMITED I.I	<i>ИВП Л</i> ГҮ
	DICAL PARTNERS LLC				
	ign Limited Liability Company; trus	st Include "Limited Link	ility Company," "L.L.(,," or "LLC.")	
(If name unavailable, onter al Liability Company, "L.L.C."	ternate name adopted for the purpose	of transacting busines	s in Florida, The alterna	te name must include "Limite	યાં
2. DELAWARE	or pec. /	- 47-3635290			
	of which foreign limited liability	3. 47-3635290	(FEI mumber, if appl	(rablo)	
4					
**	(Date first transacted busine (See sections 605.0904 & 605.	ss in Florida, if prior to 0905, F.S. to determine	registration.) penalty liability)	*	<u>بد</u>
5. 160 GREENTRUE DR	IVE, SUITE 101		·		4
DOVER, DE 19904					70
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TAMPA, FL 33607	(Mailing /	Arklinuci			
T. Norman and American delication			.L11		`
7. Name and street address	is of Florida registered agent: (P. STEPHEN POHLMEYER	O, nox NOT accept	able)		
Name:		A 111111 700	•		:
Office Address:	4301 W. BOY SCOUT BLVD.		-		
	TAMPA		, Florida 33607 (Zip coc		
Registered agent's accep	(City) tance:		(Zap coe	ic)	
designated in this applicate to complywith the provision	gistered agont and to accept servition, I hereby accept the appoint ons of all statutes relative to the my position as registered agent.	tment as registered a proper and complete	gent and agree to act performance of my	in this capacity. I further	r agree
	Stephe Play (Regist	and upout's signature)			
	_				
	wity and address of the person(s) W. BOY SCOUT BLVD., SUIT			GER	
MICHAEL J. TYREE, 43	01 W. BOY SCOUT BLVD., SU	ЛТЕ 690, ТАМРА, Р	L 33607 TITLE: N	MANAGER	
ENZO D'ANGELO, 4301	W. BOY SCOUT BLVD., SUIT	re 690, tampa, fl	33607 TITLE !	MANAGER	
9. Attached is a certificate jurisdiction under the law of the translator must be sa	21/	ys old, duly authentic extificate is in a forcig	n language, a transla	aving custody of records in tion of the certificate under	the routh
This document is executed submitted in a document to	I in accordance with section 605.0 the Department of State constitu)203 (1) (b), Florida 8	Statutes. I am aware ti	ut any false information s.817,155, F.S.	
	ENZO Typed or p	D'ANGELO	ン		

Dermatology Medical Partners LLC 4301 Boy Scout Blvd., Suite 690 Tampa, Florida 33607

Florida Secretary of State

To Whom It May Concern:

The undersigned authorized signatory of Dermatology Medical Partners LLC, a Florida limited liability company (the "Company"), hereby consents to the use of the name "Dermatology Medical Partners LLC" by the Delaware limited liability company whose Application By Foreign Limited Liability Company For Authorization To Transact Business In Florida is attached hereto. The Company has no members and was dissolved on March 15, 2017. A filed copy of the Articles of Dissolution of the Company are enclosed.

Very truly yours,

Enzo D'Angelo Authorized Signatory



Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "DERMATOLOGY MEDICAL PARTNERS 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 THIRD DAY OF APRIL, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "DERMATOLOGY MEDICAL PARTNERS LLC" WAS FORMED ON THE SECOND DAY OF APRIL, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

5721996 8300 SR# 20172217570 You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 202315967

Date: 04-03-17