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Florida Department of State
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To: Division of Corporations
Fax Number : (850) 617-6393

From: Account Name : C T CORPORATION SYSTEM
Account Number : PCA000000023
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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

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

Certificate of Status	0
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Page Count	05
Estimated Charge	\$125.00

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APR 05 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DERMATOLOGY MEDICAL PARTNERS LLC

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:

JAYNE MCGIVNEY

Name of Person

ROBERTS MCGIVNEY ZAGOTTA LLC

Firm/Company

55 W. MONROE ST., STE 1700

Address

CHICAGO, IL 60603

City/State and Zip Code

JMCGIVNEY@RMCZLAW.COM

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

For further information concerning this matter, please call:

JAYNE MCGIVNEY

312

251-2293

at ()

Name of Contact Person

Area Code

Daytime Telephone Number

MAILING ADDRESS:

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

STREET ADDRESS:

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

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy

☐ \$160.00 Filing Fee, Certificate
of Status & Certified Copy

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. DERMATOLOGY MEDICAL PARTNERS LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. DELAWARE

(Jurisdiction under the law of which foreign limited liability company is organized)

3. 47-3635290

(FEI number, if applicable)

4. _____

(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 160 GREENTREE DRIVE, SUITE 101

DOVER, DE 19904

(Street Address of Principal Office)

6. 4301 W. BOY SCOUT BLVD., SUITE 690

TAMPA, FL 33607

(Mailing Address)

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: STEPHEN POHLMEYER

Office Address: 4301 W. BOY SCOUT BLVD., SUITE 690

TAMPA

(City)

Florida 33607

(Zip code)

Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Stephen Pohlmeier

(Registered agent's signature)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

JAMES L. TYREE, 4301 W. BOY SCOUT BLVD., SUITE 690, TAMPA, FL 33607 TITLE: MANAGER

MICHAEL J. TYREE, 4301 W. BOY SCOUT BLVD., SUITE 690, TAMPA, FL 33607 TITLE: MANAGER

ENZO D'ANGELO, 4301 W. BOY SCOUT BLVD., SUITE 690, TAMPA, FL 33607 TITLE: MANAGER

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

Enzo D'Angelo

Signature of an authorized person

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any 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.

ENZO D'ANGELO

Typed or printed name of signer

17 APR -1 11:3:15

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

Delaware

The First State

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

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Authentication: 202315967

Date: 04-03-17