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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. Name of foreign limited liability company:

ACADEMIC ALLIANCE IN DERMATOLOGY MANAGEMENT SERVICES ORGANIZATION, LLC

- 2. Formed under the jurisdiction of the State of Delaware
- 3. Federal Identification Number: 83-2350821
- 4. Date of Organization: October 26, 2018
- 5. Duration: perpetual
- 6. Date first transacted business in Florida: 2018
- 7. Street Address of Principal Office: 5210 Webb Road, Tampa, FL 33615
- 8. Mailing Address of Company: 5210 Webb Road, Tampa, FL 33615
- 9. The limited liability company is member-managed.
- Name and Address of the President: Panayiotis Vasiloudes, MD, PhD, 5210 Webb Road, Tampa, FL 33615
- 11. Attached is an original certificate of existence from the State of Delaware,

In accordance with section 605.0203, F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.

Panayio President HOA 30 ILEO A X ထ္ ŝ

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CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902(1)(d), FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

The name and the street address of the Florida registered agent:

Panayiotis Vasiloudes, MD, PhD 5210 Webb Road Tampa, FL 33615

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 certificate. 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 as provided for in Chapter 605. Florida Statutes.

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ACADEMIC ALLIANCE IN DERMATOLOGY MANAGEMENT SERVICES ORGANIZATION, 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 THIRTIETH DAY OF OCTOBER, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ACADEMIC ALLIANCE IN DERMATOLOGY MANAGEMENT SERVICES ORGANIZATION, LLC" WAS FORMED ON THE TWENTY-SIXTH DAY OF OCTOBER, A.D. 2018.

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

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