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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : CAPITOL SERVICES, INC.
Account Number : I20160000017
Phone : (855)498-5500
Fax Number : (800)432-3622

****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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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Foreign Limited Liability Company SCHWEIGER DERMATOLOGY, PLLC

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$155.00

TALLAHASSEE, FL

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COVER LETTER

1123000224607

TO: Registration Section
Division of Corporations

SUBJECT: SCHWEIGER DERMATOLOGY, PLLC
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:

Stephanie Sharp

Name of Person

Schweiger Dermatology, PLLC

Firm/Company

33 East 33rd Street, 12th Floor

Address

New York, NY 10016

City/State and Zip Code

ssharp@schweigerderm.com

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

For further information concerning this matter, please call:

Stephanie Sharp

at (917) 363-9798

Name of Contact Person

Area Code

Daytime Telephone Number

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☒ \$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

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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. Schweiger Dermatology, PLLC

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

Schweiger Dermatology, 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. New York

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

3. _____

(FBI 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)

33 East 33rd Street, 12th Floor

5. _____
(Street Address of Principal Office)

New York, NY 10016

6. _____

33 East 33rd Street, 12th Floor

(Mailing Address)

New York, NY 10016

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

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324

(City)

(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.

By: Laura R Broderick C T Corporation System
(Registered agent's signature) Laura R Broderick, Asst. Secretary

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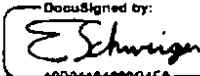
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: <u>Eric Schweiger, M.D.</u>	<input type="checkbox"/> Manager	Name: <u>Thomas Sibson</u>
<input type="checkbox"/> Member	Address: <u>33 East 33rd Street, 12th Floor</u>	<input type="checkbox"/> Member	Address: <u>33 East 33rd Street, 12th Floor</u>
<input type="checkbox"/> Authorized	<u>New York, NY 10016</u>	<input type="checkbox"/> Authorized	<u>New York, NY 10016</u>
Person	<u></u>	Person	<u></u>
<input checked="" type="checkbox"/> Other <u>CEO</u>	<input type="checkbox"/> Other <u></u>	<input checked="" type="checkbox"/> Other <u>CEO</u>	<input type="checkbox"/> Other <u></u>
<input type="checkbox"/> Manager	Name: <u>Catherine Jackson-Woods</u>	<input type="checkbox"/> Manager	Name: <u></u>
<input type="checkbox"/> Member	Address: <u>33 East 33rd Street, 12th Floor</u>	<input type="checkbox"/> Member	Address: <u></u>
<input type="checkbox"/> Authorized	<u>New York, NY 10016</u>	<input type="checkbox"/> Authorized	<u></u>
Person	<u></u>	Person	<u></u>
<input checked="" type="checkbox"/> Other <u>Chief Legal & Compliance Officer</u>	<input type="checkbox"/> Other <u></u>	<input type="checkbox"/> Other <u></u>	<input type="checkbox"/> Other <u></u>
<input type="checkbox"/> Manager	Name: <u></u>	<input type="checkbox"/> Manager	Name: <u></u>
<input type="checkbox"/> Member	Address: <u></u>	<input type="checkbox"/> Member	Address: <u></u>
<input type="checkbox"/> Authorized	<u></u>	<input type="checkbox"/> Authorized	<u></u>
Person	<u></u>	Person	<u></u>
<input type="checkbox"/> Other <u></u>	<input type="checkbox"/> Other <u></u>	<input type="checkbox"/> Other <u></u>	<input type="checkbox"/> Other <u></u>

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

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)

10. 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.

DocuSigned by:

 100211440000450
 Signature of an authorized person

Eric Schweiger, M.D., CEO

Typed or printed name of signer

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STATE OF NEW YORK

DEPARTMENT OF STATE

Certificate of Status

I, ROBERT J. RODRIGUEZ, Secretary of State of the State of New York and custodian of the records required by law to be filed in my office, do hereby certify that upon a diligent examination of the records of the Department of State, as of the date and time of this certificate, the following entity information is reflected:

Entity Name: SCHWEIGER DERMATOLOGY, PLLC
DOS ID Number: 3934838
Entity Type: DOMESTIC PROFESSIONAL SERVICE LIMITED LIABILITY COMPANY
Entity Status: EXISTING
Date of Initial Filing with DOS: 04/09/2010

Statement Status: CURRENT
Statement Due Date: 04/30/2024

No information is available from this office regarding the financial condition, business activity or practices of this entity.



WITNESS my hand and official seal of the Department of State,
at the City of Albany, on June 20, 2023 at 11:02 A.M.

ROBERT J. RODRIGUEZ, Secretary of State

By Brendan C. Hughes
Executive Deputy Secretary of State

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Division of Corporation's Document Authentication Website at <http://ecorp.dos.ny.gov>