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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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09 MAY -4 AM 7:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

Handwritten signature and date 5/5/09

COVER LETTER

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: DermaCARE Medical Television Network, Inc.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☒ \$70.00 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status
ADDITIONAL COPY REQUIRED

FROM: Donald R Mastropietro
Name (Printed or typed)

325 Whitfield Avenue
Address

Sarasota, FL 34243
City, State & Zip

941-914-0763
Daytime Telephone number

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

DermaCARE Medical Television Network, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

5625 W. Waters Avenue, Suite E
Tampa, FL 33634

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

This corporation may engage in any activity or business permitted under the laws of the United States or of the State of Florida.

ARTICLE IV SHARES

The number of shares of stock is:

1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

Philip M. Cohen, President, Treasurer, Secretary and Sole Director
5625 W. Waters Avenue, Suite E
Tampa, FL 33634

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

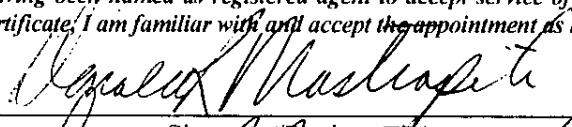
Donald R. Mastropietro
325 Whitfield Avenue
Sarasota, FL 34243

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Donald R. Mastropietro
325 Whitfield Avenue
Sarasota, FL 34243


Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent

April 28, 2009

Date



Signature/Incorporator

April 28, 2009

Date

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 MAY -4 AM 7:53

APPROVED
AND
FILED