

**STATE OF GEORGIA**  
**Secretary of State**  
**Corporations Division**  
**313 West Tower**  
**2 Martin Luther King, Jr. Dr.**  
**Atlanta, Georgia 30334-1530**

**CERTIFICATE OF AUTHORITY**

I, **Brad Raffensperger**, the Secretary of State and the Corporation Commissioner of the State of Georgia, hereby certify under the seal of my office that

**DERMATOLOGY ASSOCIATES OF TALLAHASSEE, P.A.**  
a Foreign Professional Corporation

has been duly formed under the laws of **Florida** and has filed an application meeting the requirements of Georgia law to transact business as a **Foreign Professional Corporation** in this state.

WHEREFORE, by the authority vested in me as Secretary of State, the above **Foreign Professional Corporation** is hereby granted, on **09/05/2019**, a certificate of authority to transact business in the State of Georgia as provided by Title 14 of the Official Code of Georgia Annotated. Attached hereto is a true and correct copy of said application.

WITNESS my hand and official seal in the City of Atlanta  
and the State of Georgia on **10/09/2019**.



*Brad Raffensperger*

Brad Raffensperger  
Secretary of State



Secretary of State

OFFICE OF SECRETARY OF STATE
CORPORATIONS DIVISION
2 Martin Luther King Jr. Dr. SE
Suite 313 West Tower
Atlanta, Georgia 30334
(404) 656-2817
sos.georgia.gov/corporations

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SECRETARY OF STATE
CORPORATIONS DIVISION

APPLICATION FOR CERTIFICATE OF AUTHORITY
FOR FOREIGN PROFESSIONAL CORPORATION

IMPORTANT: Please provide the entity's primary email address when completing this form.

Primary Email Address: jshields@datfl.com

NOTICE TO APPLICANT: PRINT PLAINLY OR TYPE REMAINDER OF THIS FORM

1. DERMATOLOGY ASSOCIATES OF TALLAHASSEE, P.A.
Name of Professional Corporation
Date business commenced (or proposed to commence) in Georgia: UPON APPROVAL
2. BRIAN K. SCHAPER
Name of Filing Person
Address: 1707 RIGGINS ROAD, TALLAHASSEE, FL 32308
Filer's Email Address: bschaper@datfl.com
Telephone Number: 850-877-4134
3. P.O. BOX 13859, TALLAHASSEE, FL 32317
Principal Office Mailing Address (may be P.O. Box)
4. CORPORATION SERVICE COMPANY
Name of Registered Agent in Georgia: sop@cscglobal.com
Registered Agent's Email Address
Registered Office Street Address in Georgia (post office box or mail drop not acceptable for registered office address)
NORCROSS, GWINNETT, GA 30092
5. Professional Corporation's Name in State or Country of Incorporation: DERMATOLOGY ASSOCIATES OF TALLAHASSEE, P.A.
Jurisdiction (Home State or Country): FLORIDA
Date of Incorporation in Home Jurisdiction: 06/27/1985
6. The purpose of the above-named professional corporation is to practice the profession of (choose one below):
[ ] certified public accountancy [ ] professional engineering [ ] psychology [ ] podiatry
[ ] architecture [ ] land surveying [X] medicine and surgery [ ] veterinary medicine
[ ] chiropractic [ ] law [ ] optometry [ ] registered professional nursing
[ ] dentistry [ ] pharmacy [ ] osteopathy [ ] harbor piloting
The corporation certifies that it is authorized to pursue such stated purpose in this state and in its state or country of incorporation.
7. ARMAND B. COGNETTA, M.D. 1707 RIGGINS RD. TALLAHASSEE FL 32308
Officer / CEO Address City State Zip Code
STEPHEN K. RICHARDSON, M.D. 1714 MAHAN CENTER BLVD. TALLAHASSEE FL 32308
Officer / CFO Address City State Zip Code
BHAVIK P. SONI, M.D. 1707 RIGGINS RD. TALLAHASSEE FL 32308
Officer / Secretary Address City State Zip Code
8. Effective Date: (Choose one) [X] Upon filing [ ] Delayed effective date and/or time:
(A delayed effective date must be within 90 days of the filing date.)
9. NOTICE: Mail the following items to the Secretary of State at the above address.
(1) This application;
(2) An ORIGINAL certificate of existence or good standing, not more than 90 days old, certified by the home state or country.
(3) Filing fee of \$225.00 payable to "Secretary of State." Filing fees are non-refundable.
(4) If applicable, a copy of the resolution of the board of directors, certified by corporation's secretary, adopting a fictitious or trade name.
Signature of Authorized Person: Brian K. Schaper
Date: 9/24/19
BRIAN K. SCHAPER
ADMINISTRATOR
Print name Title

# *State of Florida*

## *Department of State*

I certify from the records of this office that DERMATOLOGY ASSOCIATES OF TALLAHASSEE, P.A. is a corporation organized under the laws of the State of Florida, filed on June 27, 1985, effective July 1, 1985.

The document number of this corporation is H64028.

I further certify that said corporation has paid all fees due this office through December 31, 2019, that its most recent annual report/uniform business report was filed on March 22, 2019, and that its status is active.

I further certify that said corporation has not filed Articles of Dissolution.

*Given under my hand and the  
Great Seal of the State of Florida  
at Tallahassee, the Capital, this  
the Twenty-seventh day of August,  
2019*



*Randy Be*  
**Secretary of State**

Tracking Number: 1051434050CU

To authenticate this certificate, visit the following site, enter this number, and then follow the instructions displayed.

<https://services.sunbiz.org/Filings/CertificateOfStatus/CertificateAuthentication>