

To:

Registration Section

Division of Corporations

MIDWEST MEDICAL LABORATORIES CORPORATION

(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

******87.50 *****87.50

RALPH L. SCORPIO <u>600004287466--3</u> -08/03/01---01073---001 (Name of Person) ***1150.00 XXXX 1150,00 MIDWEST MEDICAL LABORATORIES CORP.

(Firm/Company)

1915 N. HARLEM AVENUE

(Address) 60707-3718 CHICAGO, IL.

(City/State/Zip)

Should you need to call someone concerning this matter, please call:

RALPH L. SCORPIO

(Name of Person)

(Area Code & Daytime Telephone Number)

STREET ADDRESS:

Registration Section Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399

MAILING ADDRESS:

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

Enclosed is a check for the following amount:

☐ \$70.00 Filing Fee

☐ \$78.75 Filing Fee & Certificate of Status ☐ \$78.75 Filing Fee & Certified Copy

\$87.50 Filing Fee, Certificate of Status & Certified Copy

1234.75



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

May 25, 2001

RALPH L. SCORPIO MIDWEST MEDICAL LABORATORIES CORPORATION 1915 N. HARLEM AVENUE CHICAGO, IL 60707-3718

SUBJECT: MIDWEST MEDICAL LABORATORIES CORPORATION

Ref. Number: W01000012038

We have received your document for MIDWEST MEDICAL LABORATORIES CORPORATION and your check(s) totaling \$87.50. However, the document has not been filed and is being retained in this office for the following:

Pursuant to section 607.1502(4), 617.1502(4) or 608.502(4), Florida Statutes, this office collects a civil penalty of \$1000 for each year this entity transacted business or conducted its affairs in Florida prior to qualification and the appropriate annual report/uniform business report fees that would have been due this office had the entity qualified the year it began operations in this state. The amount due this office to cover both annual report/uniform business report and penalty fees is \$1,150.00.

Enclosed please find a copy of section 607.1501, 617.1501, or 608.502, Florida Statutes, which lists those activities that do not constitute transacting business in this state. If after reviewing this section you determine erroneous information was inserted on the application, a notarized affidavit containing the following information must be submitted: 1.) a statement indicating erroneous information was listed on the application; and 2.) the correct date the corporation began transacting business in Florida prior to the year the application was submitted did not constitute transacting business pursuant to section 607.1501, 617.1501 or 608.502, Florida Statutes.

If you have any questions concerning the filing of your document, please call (850) 487-6958.

Lee Rivers Document Specialist Letter Number: 501A00032363



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

August 6, 2001

RALPH L. SCORPIO MIDWEST MEDICAL LABORATORIES CORPORATION 1915 N. HARLEM AVENUE CHICAGO, IL 60707-3718

SUBJECT: MIDWEST MEDICAL LABORATORIES CORPORATION

Ref. Number: W01000012038

We have received your document for MIDWEST MEDICAL LABORATORIES CORPORATION and your check(s) totaling \$1238.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Thank you for submitting your check for penalty and annual report fees. We apologize for failing to note previously that you have listed the corporation as its own registered agent.

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

If you have any questions concerning the filing of your document, please call (850) 245-6958.

Lee Rivers Document Specialist

Letter Number: 301A00045069

BECRETARY OF STATE ON SIVISION OF CORPORATIONS

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

	MEDICAL LABORAT						
words or abbi	poration; must include the vertical portions of like import in a corporation or partnership if not so corporations.	language as will clea	arly indicate that	ANY", "CORPORATION it is a corporation instead	l' or d of a		
ILLINOI	S		3. 36-38.	36280			
(State or count	rate or country under the law of which it is incorporated)			(FEI number, if applicable)			
AUGUST	<u> </u>	5	PERPET	UAL			
(E	Pate of incorporation)		Ouration: Year c	corp. will cease to exist or	"perpetual")		
JANUARY		<u> </u>					
(Date first tran	sacted business in Florida. (SEE S	If corporation has n SECTIONS 607.1501	ot transacted bus 1, 607.1502 and	siness in Florida, insert "u 817.155, F.S.)	pon qualification.")		
. a. 1915	N. HARLEM AVENUE			7-3718			
		(Principal office add	dress)				
ъ		ME					
		(Current mailing ad-	dress)		_ =		
-	EN PROCESSING CE				VISION DECR		
(Purpose	e(s) of corporation authoriz	ed in home state or	country to be car	ried out in state of Florid	a) — SET		
Name and st	reet address of Florida	registered agent:	(P.O. Box or N	Mail Drop Box NOT ac	ceptables SAL		
Name:	KATHLEEN HAMIL	TON			STATE ORATION 9: 37		
ffice Address:	2899 TANGLEWOO	D BLVD		_	ONS		
	ORANGE PARK		, Florida	32065-7527 (Zip code)			
				(Zip code)			
. Registered :	agent's acceptance:						
aving been nam	ed as registered agent and	to accept service of	process for the c	above stated corporation	at the place designate		
mpiy with the p	n, I hereby accept the appoir rovisions of all statutes rela ligations of my position as	ative tõ\the proper a	d agent and agree	e to act in this capacity. formance of my duties, a	I further agree to and I am familiar with		
	(1	Registered agent's si	gnature)	free polen	also N		

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

	S (Street address only - P.O. Box NOT acceptable) RALPH SCORPIO		
	411 THATCHER	-	
	RIVER FOREST, IL. 60305		
Vice Chairman:	RALPH L. SCORPIO		
Address:	411 THATCHER		
	RIVER FOREST, IL. 60305		
Director:	SAME		
Address:			
Director:	SAME		
		-	-
	S (Street address only - P.O. Box NOT acceptable)		
President:	RALPH SCORPIO		DIVIS
Address:	411 THATCHER		
 	RIVER FOREST, IL. 60305		
Vice President:		<u> </u>	- 중국: 오 달
Address:		<u>မ</u>	SNOTA
Secretary:	RALPH L. SCORPIO		
	411 THATCHER		
	RIVER FOREST, IL. 60305	,	
Treasurer:	SAME AS SECRETARY		
Address:			
NOTE: If nece	essary, you may attach an addendum to the application listing additional officers and/or directors.		.
13	(Signature of Chairman, Vice Chairman, or an officer listed in number 12 of the application)		-
14	RALPH L. SCORPIO, SECRETARY/TREASURER		
	(Typed or printed name and capacity of person signing application)		



To all to whom these Presents Shall Come, Greeting

I, Jesse White, Secretary of State of the State of Illinois, do



In Testimony Whereof, I, hereto set

my hand and cause to be affixed the Great Seal of the State of Illinois, this ______ A.D. ________.

Desse White

SECRETARY OF STATE