

OCT-22-2004 11:34

CT CORPORATION

P. 02/02


2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED SECRETARY OF STATE DIVISION OF CORPORATION

04 OCT 22 PM 12:22

DOCUMENT # F0100006396

1. Entity Name
MIDWEST MEDICAL LABORATORIES, INC.



Principal Place of Business
1915 N. HARLEM AVENUE
CHICAGO, IL 60707-3718

Mailing Address
1915 N. HARLEM AVENUE
CHICAGO, IL 60707-3718

REINSTATEMENT



2. Principal Place of Business

3. Mailing Address

Suite, Apt. F. etc.

Suite, Apt. F. etc.

City & State

City & State

Zip

Country

Zip

Country

10212004 REM-P CR2E008 (6/04)

4. FEI Number
38-3836280

Applicable? Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HAMILTON, KATHLEEN
2899 TANGLEWOOD BLVD
ORANGE PARK, FL 32065-7527

7. Name and Address of New Registered Agent

Name CT Corporation System
Street Address (P.O. Box Number is Not Acceptable) 1600 South Pine Island Road
City Plantation FL Zip Code 33324

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agents.

SIGNATURE: James M. Halpin Assistant Secretary DATE: 10-22-04

Signature, typed or printed name of registered agent and his or her approval. (NOTE: Registered Agent signature required when releasing)

FILE NOW!! FEE IS \$750.00
After January 1, 2005, Fee will be \$900.00

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11/04 | |
|--|---|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PC SCORPIO, RALPH 411 THATCHER RIVER FOREST, IL 60305 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VCS SCORPIO, RALPH L 411 THATCHER RIVER FOREST, IL 60305 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(8)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11, as changed, or on an attachment with an address, with all other lines empowered.

SIGNATURE: Ralph L. Scorpio DATE: 10-21-04

Signature and typed or printed name of officer or director

Florida Department of State
Division of Corporations
Public Access System

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Division of Corporations
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From:
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Account Number : FCA000000023
Phone : (850)222-1092
Fax Number : (850)222-9428

CORPORATION REINSTATEMENT

MIDWEST MEDICAL LABORATORIES, INC.

| | |
|-----------------------|----------|
| Certificate of Status | 0 |
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| Estimated Charge | \$750.00 |

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