

F06000000832

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

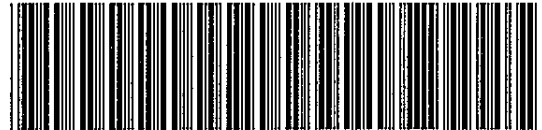
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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01/23/06--01062--002 **87.50

02/10/06--01001--006 **9200.00

FILED
06 FEB -9 AM 8:10
RECEIVED
FILING CLERK
TALING E. DODD

CB 2-10-06

Surgipath[®] Medical Industries, Inc.

Specialists in Cancer Diagnostic Equipment and Supplies

Claudia C. Neri, General Counsel

WORLD WIDE DISTRIBUTION
www.surgipath.com

January 19, 2006

RE: APPLICATION TO TRANSACT BUSINESS

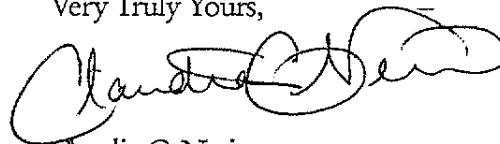
VIA FEDERAL EXPRESS

Florida Department of State
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

Ladies and Gentlemen:

Please find enclosed Surgipath Medical Industries, Inc.'s "Application by Foreign Corporation for Authorization to Transact Business in Florida." Also, enclosed is a Certificate of Existence issued by the state of Illinois and the proper fees. If you have any questions or concerns, please do not hesitate to contact me.

Very Truly Yours,



Claudia C. Neri
General Counsel
Surgipath Medical Industries, Inc.

Enclosures (3)

FILED
95 FEB -9 AM 8:40
SEC. OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Surgipath Medical Industries, Inc.

(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:

Claudia C. Neri

(Name of Person)

Surgipath Medical Industries, Inc.

(Firm/Company)

5205 Route 12

(Address)

Richmond, Illinois, 60071

(City/State and Zip code)

For further information concerning this matter, please call:

Claudia C. Neri

(Name of Person)

at (815) 678-2000 ext. 135

(Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

FILED
03 FEB -9 AM 8:40
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 27, 2006

CLAUDIA C. NERI
5205 RT 12
RICHMOND, IL 60071

SUBJECT: SURGIPATH MEDICAL INDUSTRIES, INC.
Ref. Number: W06000004092

We have received your document for SURGIPATH MEDICAL INDUSTRIES, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

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 \$9,200.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6925.

Cynthia Blalock
Document Specialist

Letter Number: 906A00005859

**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.*

1. Surgipath Medical Industries, Inc.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Illinois 3. 362899171
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. January 1977 5. perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. April 1, 1998
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 5205 Route 12, Richmond, Illinois, 60071
(Principal office address)

5205 Route 12, Richmond, Illinois, 60071
(Current mailing address)

8. Manufacture and Distribution of histology and cytology products
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

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

Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee, Florida 32301
(City) (Zip code)

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation 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.

Corporation Service Company

By: Maurice Cullen, Asst. V.P.

(Registered agent's signature)

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.

12. Names and business addresses of officers and/or directors:

06 FEB - 9 AM 8:40
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

A. DIRECTORS

Chairman: Frank J. Monek

Address: 5205 Route 12, Richmond, Illinois, 60071

Vice Chairman: NONE

Address: _____

Director: John E. Monek

Address: 5205 Route 12, Richmond, Illinois, 60071

Director: DeForest P. Davis, Jr.

Address: 5205 Route 12, Richmond, Illinois, 60071

FILED
06 FEB - 9 AM 8:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. OFFICERS

President: Frank J. Monck

Address: 5205 Route 12, Richmond, Illinois, 60071

Vice President: NONE

Address: _____

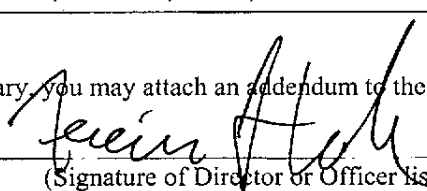
Secretary: Claudia C. Neri

Address: 5205 Route 12, Richmond, Illinois, 60071

Treasurer: Frank J. Monek

Address: 5205 Route 12, Richmond, Illinois, 60071

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. 
(Signature of Director or Officer listed in number 12 of the application)

14. Frank J. Monek, President
(Typed or printed name and capacity of person signing application)

File Number

5107-266-9



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that

SURGIPATH MEDICAL INDUSTRIES, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE JANUARY 18, 1977, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE RELATING TO THE FILING OF ANNUAL REPORTS AND PAYMENT OF FRANCHISE TAXES, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS*****



In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 27TH *day of* DECEMBER *A.D.* 2005

Jesse White

SECRETARY OF STATE

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Corporation Service Company

By: Maurice Cullen, Asst V.P.

(Registered agent's signature)

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Address: _____

Director: John E. Monek

Address: 5205 Route 12, Richmond, Illinois, 60071

Director: DeForest P. Davis, Jr.

Address: 5205 Route 12, Richmond, Illinois, 60071

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

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Address: 5205 Route 12, Richmond, Illinois, 60071

Vice President: NONE

Address: _____

Secretary: Claudia C. Neri

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