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To: Division of Corporations  
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FILE SECOND  
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From: Account Name : CORPORATION SERVICE COMPANY  
Account Number : I20000000195  
Phone : (850) 521-1000  
Fax Number : (850) 558-1575

TROY #2940

FOREIGN PROFIT/NONPROFIT CORPORATION

REDPATH INTEGRATED PATHOLOGY, INC.

Certificate of Status	0
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TALLAHASSEE, FLORIDA

**Pepper Hamilton LLP**  
Attorneys at Law

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500 Grant Street  
Pittsburgh, PA 15219-2502  
412.454.5000  
Fax 412.281.0717

David S. Smith  
direct dial: 412.454.5862  
smithds@pepperlaw.com

November 29, 2007

Kurt S. Browning  
Secretary of State  
Florida Department of State  
R. A. Gray Building  
500 South Bronough Street  
Tallahassee, FL 32399-0250

Re: Withdraw of authority.

Dear Mr. Browning:

On behalf of RedPath Integrated Pathology, Inc., a Pennsylvania corporation, I hereby acknowledge that this withdrawal of authority to conduct business in the State of Florida is voluntary and will not be rescinded. Further, the name "RedPath Integrated Pathology, Inc." is now available for use in Florida.

Sincerely,



David S. Smith  
Secretary, RedPath Integrated Pathology, Inc.

**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. RedPath Integrated Pathology, Inc.  
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Ino.," "Co.," or "Corp.")

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

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

4. 05/18/2007 5. Perpetual  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

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

7. 816 Middle Street, Pittsburgh, PA 15212  
(Principal office address)

816 Middle Street, Pittsburgh, PA 15212  
(Current mailing address)

8. Acceptance of specimens for testing in a clinical laboratory in PA  
(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)

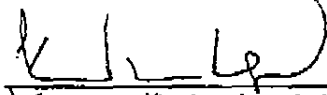
Name: Corporation Services Company

Office Address: 1207 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.*

  
\_\_\_\_\_  
(Registered agent's signature)  
Karen M. Dyer, Asst. Sec.

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.

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

A. DIRECTORS

Chairman: Brian G. Murphy

Address: 500 N. Gulf Road, St. 500  
King of Prussia, PA 19406

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: See attached addendum for list of Directors.

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

B. OFFICERS

President: \_\_\_\_\_

Address: \_\_\_\_\_

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_

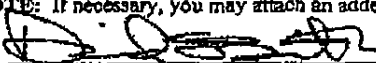
Secretary: David S. Smith

Address: Pepper Hamilton LLP, 500 Grant St., 50th Floor, Pittsburgh, PA 15219

Treasurer: \_\_\_\_\_

Address: \_\_\_\_\_

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. David S. Smith, Secretary  
(Typed or printed name and capacity of person signing application)

**ADDENDUM**

**Directors:**

Mary Del Brady  
816 Middle Street  
Pittsburgh, PA 15212

Dr. Dennis Smith  
4185 State Road 16  
St. Augustine, FL 32092

Barbra Handelin  
1671 Hunters Circle  
West Chester, PA, 19380

Peter Kleinhenz  
180 E. Broad Street, Suite 1701  
Columbus, OH 43215

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

# Delaware

*The First State*

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "REDPATH INTEGRATED PATHOLOGY, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE THIRTIETH DAY OF OCTOBER, A.D. 2007.



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*Harriet Smith Windsor*

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 6117306

DATE: 10-30-07