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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : UCC FILING & SEARCH SERVICES, INC.

Account Number : I19980000054 Phone : (850) 681-6528

Fax Number : (850)681-6011

FOREIGN PROFIT/NONPROFIT CORPORATION

Quest Diagnostics Nichols Institute

Certificate of Status	0
Certified Copy	1
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Corporate Filing Menu

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11119-13106

3/18/2009

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607. I SO3, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

under the law of which it is incorporated.

(Enter name of	gnostics Nichols Institute, Inc. corporation; must include "INCORPORATE	D," "COMPANY," "CORPORATION,"	
"Inc.," "Co.," "C	Corp," "Inc," "Co," or "Corp.")		
(If name unavai	ilable in Plorida, enter alternate corporate nam	ne adopted for the purpose of transacting business in Florida)	
2. California		3 95-2701802	
	y under the law of which it is incorporated)	(FEI number, if applicable)	
August 11,	1971	S Perpetual	
(Dat	1971 le of incorporation)	(Duration: Year corp. will cease to exist or "perpetual")	
6			
	(Date first transacted business (SEE SECTIONS 607.150) & 607	in Florida, if prior to registration) .1502, F.S., to determine penalty liability)	
, 33608 Orte	ga Highway, San Juan Capistran	o, CA 92675	
·	(Principal office a		
3 Giralda F	arms, Madison, NJ 07940		
	(Current mailing a	ddress)	
8. Laboratory	Testing		
(Purpose)	(s) of corporation authorized in home state or	country to be carried out in state of Florida)	. 8 -11
9. Name and stre	et address of Florida registered agent: (F	O. Box NOT acceptable)	C THE OWNER
Name:	NRAI Services, Inc.		10
Office Address:	2731 Executive Park Drive, St	uite 4	Sold P
	Weston	, Florida 33331 (Zip code)	الما الما الما الما الما الما الما الما
	(City)	(Zip code)	65 78
	gent's acceptance;		36 T
Having been nan	med as registered agent and to accept ser	rvice of process for the above stated corporation at the p	lace V
designatea in titl further aprec to (s appaceation, I nevery accept the appoint comply with the provisions of all statutes	stment as registered agent and agree to act in this capac a relative to the proper and complete performance of my	uy. 1 duties,
and I am familia	r with and accept the abligations of my	position as registered agent.	
, 1	NRAI Services, Inc.	•	
1	By: They		
-		elman, ASST. SGCS	
11. Attached is a	a certificate of existence duly authenticate	ed, not more than 90 days prior to delivery of this applica	tion to
the Department	of State, by the Secretary of State or other	official having custody of corporate records in the jurisd	liction

12	Name	and	huningee	addresses	۸f	officere	and/ar	directors
12.	Names	anc	dusiness	addresses	ΟL	omcers	anwor	ulrectors:

Fax:8506816011

A DIREC	CTORS
Chairman:	N/A
_	
Vice Chairr	nan: N/A
Address:	
Director:	Catherine T. Doherty
	Giralda Farms, Madison, NJ 07940
Director: N	Aichael G. Lukas
	Giralda Farms, Madison, NJ 07940
B. OFFIC	ERS
	Surya N. Mohapatra
	Giralda Farms, Madison, NJ 07940
_	
 Vice Preside	Michael G. Lukas
Address: 3	Giralda Farms, Madison, NJ 07940
, 1001010. <u> </u>	
Secretary: _	William J. O'Shaughnessy, Jr.
	Giralda Farms, Madison, NJ 07940
	Robert F. O'Keef
	Giralda Farms, Madison, NJ 07940
NOTE: If	necessary, you may attach an addendum to the application listing additional officers and/or directors.
13WL	land helpay helpay)
win	(Signature of Director or Officer listed in number 12 of the application) am J. O'Shaughnessy, Jr., Secretary
14	(Typed or printed name and capacity of person signing application)

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09 MAR 18 PM 2: 29

State of California Secretary of State

SÉCRETARY OF STATE TALLAHASSEE, FLORIDA

CERTIFICATE OF STATUS

ENTITY NAME:

QUEST DIAGNOSTICS NICHOLS INSTITUTE

FILE NUMBER: FORMATION DATE: C0631317 08/11/1971

PORMATION DATE TYPE:

DOMESTIC CORPORATION

JURISDICTION:

CALIFORNIA

STATUS:

ACTIVE (GOOD STANDING)

I. DEBRA BOWEN. Secretary of State of the State of California, hereby certify:

The records of this office indicate the entity is authorized to exercise all of its powers, rights and privileges in the State of California.

No information is available from this office regarding the financial condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of March 16, 2009.

DEBRA BOWEN Secretary of State