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(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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COVER LETTER

TO:		Filing Se	ction rporations					
~~.~	JECT:		ista Diagn	ostics.	Inc.			
SUB	JECT:					include suffix		
Dear :	Sir or M	ladam:						
"Certi	ificate o	f Existen		te of Good	Standing" a	and check are sub	ect Business in Florida," omitted to register the	
Please	e return	all corres	pondence concer	ning this m	atter to the	following:		
Joh	ın N.	Fern	nanis					
		•			of Person	· · · · · · · · · · · · · · · · · · ·		
Pro	vista	Diag	nostics, Ir	nc.			70.00	
173	301 N	N. Per	imeter Dr.		Company 100			
Sco	ottsd	ale, A	Z 85255	A	ddress			
fern	nanis	j@pro	vistadx.cor	•	te and Zip o	code	1.44 4.44	
···········					ed for futur	re annual report i	notification)	
For fu	rther in	formation	concerning this	matter, plea	se call:			
Joh	n N.	Ferm	nanis	at (602	2 , 22	4-5500		
	Name	e of Perso	าก		rea Code &	Daytime Teleph	one Number	
STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301				SS:	MAILING ADDRESS: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314			
Enclos	sed is a	check for	the following an	ount:				
5 70	0.00 Fili	ing Fee	S78.75 Filit Certificate			5 Filing Fee & led Copy	■ \$87.50 Filing Fee, Certificate of Status & Certified Copy	

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) marine and vari	able in Florida, enter alternate corporate name	adopted for the purpose of transacting business	in Florida)	
Delawar	9			
State or country	under the law of which it is incorporated)	(FEI number, if applicable)		
February	<i>y</i> 8, 2012	Perpetual		
(Date	of incorporation)	(Duration: Year corp. will cease to exist or "	perpetual")	
NA				
		n Florida, if prior to registration)	26	
17204 N		502, F.S., to determine penalty liability)	至業	
1/301 N.	Perimeter Dr., Suite 100,			
47004 N	(Principal office add	•		
1/30114.	Perimeter Dr., Suite 100, S	·	<u> 1,8</u>	
	(Current mailing add	ress)		
Laborato	ry testing of human samp	les	82	
) of corporation authorized in home state or co		, *	
		,		
Name and stree	at address of Florida registered agent: (P.C			
Name:	C T Corporation System			
īce Address:	1200 South Pine Island Road, c/o C T Corporation S	Azrau		
ico fiduless.	Plantation	33324		
	(City)	, Florida 33324 (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.

(Begistered 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: FILED 13 FEB 13 AM 2: 51 A. DIRECTORS Chairman: Jeffrey Gilman 17301 N Perimeter Dr. Suite 100 Scottsdale, AZ 85255 LANK Address: David E. Reese Address: 17301 N Perimeter Dr. Suite 100 Scottsdale, AZ 85255 John Zicarelli 17301 N Perimeter Dr. Suite 100 Scottsdale, AZ 85255 **B. OFFICERS** President: David E. Reese 17301 N Perimeter Dr. Suite 100 Scottsdale, AZ 85255 Vice President: John N. Fermanis Address: 17301 N Perimeter Dr. Suite 100 Scottsdale, AZ 85255 John N. Fermanis, CFO 17301 N Perimeter Dr. Suite 100 Scottsdale, AZ 85255 NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. Signature of Director or Officer The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

14. John N. Fermanis

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

Addendum To List Additional Directors

Corporation name:

PROVISTA DIAGNOSTICS, INC.

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

A. DIRECTORS

Director

Jack Levine

Address:

17301 N. Perimeter Dr., Suite 100, Scottsdale, AZ 85255

Director

Robert H. Hariri

Address:

17301 N. Perimeter Dr., Suite 100, Scottsdale, AZ 85255

Director

Anne Busquet

Address:

17301 N. Perimeter Dr., Suite 100, Scottsdale, AZ 85255

13 FEB 13 AM 2: 51
SECRETARY OF STATE

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "PROVISTA DIAGNOSTICS, 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 ELEVENTH DAY OF FEBRUARY,

A.D. 2013.

13 FEB 13 MI 2:51
SECRETARY OF STATE

5107432 8300

130150873

AUTHENTY CATION: 0205610

DATE: 02-11-13

You may verify this certificate online at corp.delaware.gov/authver.shtml