

F13000001505

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

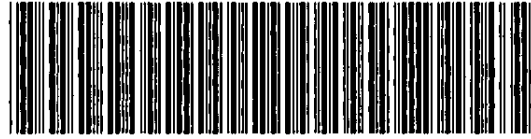
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Gathers APR 08 2013

W13-17241
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FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 25, 2013

RICHARD PINNOLA
9700 GREAT SENECA HWY
ROCKVILLE, MD 20850

SUBJECT: NEODIAGNOSTIX, INC.
Ref. Number: W13000017241

We have received your document for NEODIAGNOSTIX, 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):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return the corrected original and one copy of 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) 245-6052.

Justin M Shivers
Regulatory Specialist II
New Filing Section

Letter Number: 913A00006967

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: NeoDiagnostix, 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," or "Certificate of Good Standing" 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:

Richard Pinnola

Name of Person

NeoDiagnostix, Inc.

Firm/Company

9700 Great Seneca Highway

Address

Rockville, MD 20850

City/State and Zip code

rich.pinnola@neodiagnostix.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Richard Pinnola

Name of Person

at (240) 821-6001

Area Code & Daytime Telephone Number

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TALLAHASSEE, FLORIDA

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STREET/COURIER ADDRESS:

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

MAILING ADDRESS:

New Filing 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

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. NeoDiagnostix, Inc.

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

NeoDx, Inc.

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

2. DE

(State or country under the law of which it is incorporated)

3. 20-2240484

(FEI number, if applicable)

4. 01/12/2005

(Date of incorporation)

5. Perpetual

(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. 9700 Great Seneca Highway, Rockville, MD 20850

(Principal office address)

Same as above

(Current mailing address)

8. Clinical Laboratory Testing

(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: Corporate Filing Solutions, LLC

Office Address: 155 Office Plaza Drive, Suite A

Tallahassee, Florida 32301

(City)

(Zip code)

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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.

Corporate Filing Solutions, LLC

Thomas B. Rosedale, manager

(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:

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: Richard Pinnola

Address: 9700 Great Seneca Highway

Rockville, MD 20850

Director: David Guido

Address: 9700 Great Seneca Highway

Rockville, MD 20850

B. OFFICERS

President: Richard Pinnola

Address: 9700 Great Seneca Highway

Rockville, MD 20850

Vice President: _____

Address: _____

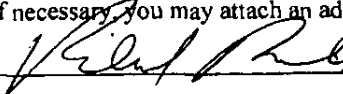
Secretary: David Guido

Address: 9700 Great Seneca Highway, Rockville, MD 20850

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

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. Richard Pinnola

(Typed or printed name and capacity of person signing application)

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED ARE TRUE AND CORRECT COPIES OF ALL DOCUMENTS ON FILE OF "NEODIAGNOSTIX, INC." AS RECEIVED AND FILED IN THIS OFFICE.

THE FOLLOWING DOCUMENTS HAVE BEEN CERTIFIED:

CERTIFICATE OF INCORPORATION, FILED THE TWELFTH DAY OF JANUARY, A.D. 2005, AT 5:15 O'CLOCK P.M.

RESTATED CERTIFICATE, FILED THE THIRTIETH DAY OF MARCH, A.D. 2006, AT 3:52 O'CLOCK P.M.

RESTATED CERTIFICATE, FILED THE SECOND DAY OF NOVEMBER, A.D. 2006, AT 12:57 O'CLOCK P.M.

RESTATED CERTIFICATE, FILED THE FIFTH DAY OF FEBRUARY, A.D. 2007, AT 1:02 O'CLOCK P.M.

RESTATED CERTIFICATE, FILED THE TWENTY-EIGHTH DAY OF AUGUST, A.D. 2009, AT 8:41 O'CLOCK A.M.

CERTIFICATE OF MERGER, FILED THE TWENTY-NINTH DAY OF JANUARY, A.D. 2010, AT 5:20 O'CLOCK P.M.

CERTIFICATE OF AMENDMENT, CHANGING ITS NAME FROM "NEODIAGNOSTIX, INC." TO "ABRAXIS NEODIAGNOSTIX, INC.", FILED THE TWENTY-EIGHTH DAY OF JUNE, A.D. 2010, AT 6:15 O'CLOCK P.M.

DEPARTMENT OF STATE
DIVISION OF FLORIDA
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You may verify this certificate online at corp.delaware.gov/authver.shtml

Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 0331944

DATE: 04-03-13

Delaware

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CERTIFICATE OF AMENDMENT, CHANGING ITS NAME FROM "ABRAXIS
NEODIAGNOSTIX, INC." TO "NEODIAGNOSTIX, INC.", FILED THE
FIFTEENTH DAY OF JULY, A.D. 2011, AT 11:06 O'CLOCK A.M.

CERTIFICATE OF RENEWAL, FILED THE ELEVENTH DAY OF JUNE, A.D.
2012, AT 9:59 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID
CERTIFICATES ARE THE ONLY CERTIFICATES ON RECORD OF THE
AFORESAID CORPORATION, "NEODIAGNOSTIX, INC.".

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

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Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 0331944

DATE: 04-03-13