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Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850)617-6383

From: Account Name : M. BURR KEIM COMPANY  
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TALLAHASSEE FLORIDA

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Foreign Limited Liability Company  
UNIVERSAL CLINICAL LABORATORIES LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

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APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. UNIVERSAL CLINICAL LABORATORIES LLC  
(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L.L.C.," or "LLC")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC")

2. Pennsylvania  
(Jurisdiction under the law of which foreign limited liability company is organized)

3. \_\_\_\_\_  
(FEI number, if applicable)

4. \_\_\_\_\_  
(Date first transacted business in Florida, if prior to registration)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 87 S. Commerce Way, Suite 700  
(Street Address of Principal Office)

6. 87 S. Commerce Way, Suite 700  
(Mailing Address)

Bethlehem, PA 18017

Bethlehem, PA 18017

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

Name: W. Bradley Munroe, Esquire

Office Address: 239 East Virginia Street

Tallahassee, Florida 32301  
(City) (Zip code)

Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated limited liability company 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)

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TALLAHASSEE, FLORIDA

8 The name, title or capacity and address of the person(s) who has/have authority to manage is/are

Title or Capacity:

Name and Address:

AMBR

Anil Deshpande

22 Delancy Drive

Newtown, PA 18940

AMBR

Lisa Jackson

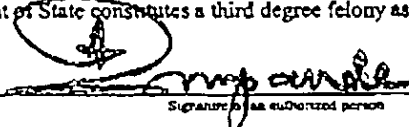
168 Madison Court

Holland PA 18966

(Use attachments if necessary)

9 Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. This document is executed in accordance with section 605 0203 (1) (b), Florida Statutes I am aware that any 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.



Signature of an authorized person

Anil Deshpande, Member

Typed or printed name of signor

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COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF STATE  
11/27/2018

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

UNIVERSAL CLINICAL LABORATORIES LLC

is duly registered as a Pennsylvania Limited Liability Company under the laws of the Commonwealth of Pennsylvania and remains subsisting so far as the records of this office show, as of the date herein.

I DO FURTHER CERTIFY THAT this Subsistence Certificate shall not imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvania are paid.



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written

*Robert Lanes*

Acting Secretary of the Commonwealth

Certification Number: TSC181127131170-1

Verify this certificate online at <http://www.corporations.pa.gov/orders/verify>

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