P12000077800

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: MedStar Laboratory of Florida, Inc.
Name of Corporation

DOCUMENT NUMBER: P12000077800

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Robert Orman
Name of Contact Person

Law Offices Robert Orman
Firm/Company

1 North LaSalle Suite 1775
Address

Chicago, IL 60602
City/State and Zip Code

RobLaw@aol.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tim Elliott at (850) 297-2006
Name of Contact Person — Area Code & Daytime Telephone Number

Enclosed is a $35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

CR2E045 (03/12)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida *in order to change its registered office or registered agent, or both, in the State of Florida.*

1. The name of the corporation: MedStar Laboratory of Florida, Inc.

2. The principal office address: 10277 Windhorst Road, Tampa, FL 33619

3. The mailing address (if different): [Same]

4. Date of incorporation/qualification: 09/13/2012 Document number: P12000077800

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

NRAI Service, Inc.

1200 South Pine Island Road

Plantation, FL 33324

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DIVISION OF CORPORATIONS
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6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Smith & Associates of Tallahassee, P.A.

2834 Remington Green Circle

P.O. Box NOT acceptable

Tallahassee, FL 32308

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Signature of an officer or director

Rajesh Patel, Secretary
Printed or typed name and title

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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Timothy B. Elliott
Signature of Registered Agent

Timothy B. Elliott
Date

If signing on behalf of an entity:

Smith & Associates of Tallahassee, P.A.
Typed or Printed Name

*** * * FILING FEE: $35.00 * * ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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