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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850) 617-6384

From: Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850) 521-1000
Fax Number : (850) 558-1515

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**CORPORATION REINSTATEMENT
SPECIALTY LABORATORIES, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$1,500.00


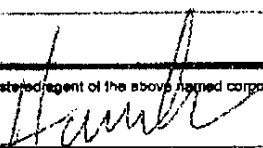
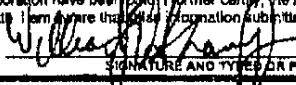
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11 SEP 15 PM 2:31

CORPORATION REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P37566					
1. Corporation Name Specialty Laboratories, Inc.					
2. Principal Office Address - No P.O. Box # 3 Girald Farms			3. Mailing Office Address same		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State Madison			City & State		
Zip Nj	Country USA	Zip	Country		
4. Date Incorporated or Qualified To Do Business in Florida 2/20/1992					
5. FEI Number 95-2961036					Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>					
7. Name and Address of Current Registered Agent					
Name CSC					
Street Address (P.O. Box Number is Not Acceptable) 1201 Hays Street					
Suite, Apt. #, Etc.					
City Tallahassee		State FL	Zip Code 32301		
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.					
Signature of Registered Agent 		Harry B. Davis Asst. Vice President		Date 9/15/11	
REGISTERED AGENT MUST SIGN					
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)					
Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director		City / State / Zip	
	see attached				
10. E-mail Address: dawn.m.leahy@questdiagnostics.com (To be used for future annual report notification)					
11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., and that all fees owed by the corporation have been paid. I further certify the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that this information submitted in a document to the Department of State constitutes a third degree felony as provided for in a 817.155, F.S.					
SIGNATURE: 		William J. O'Shaughnessy		Date 9-13-2011 Daytime Phone #	

REINSTATEMENT 06-11

CR2B081 (11/10)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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<p>Specialty Laboratories, Inc. (CA) (dba Quest Diagnostics Nichols Institute of Valencia, Inc.)</p> <p>Directors: Jon R. Cohen, M.D. Michael G. Lukas</p>	<p>President Vice President Vice President Vice President/Sales Vice President Vice President Vice President Vice President/Controller Vice President/Treasurer Assistant Treasurer Secretary Assistant Secretary/General Counsel</p>	<p>Dermot V. Shorten Pat A. O'Brien Jon R. Cohen, M.D. Kay L. Myrdal Stephen A. Calamari Michael G. Lukas E. Michael Kramer, M.D. Thomas F. Bongiorno Robert F. O'Keef Teresa Cinco William J. O'Shaughnessy, Jr. Thomas L. Kossi</p>
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Address for all Directors/Officers: 3 Giralda Farms, Madison, NJ 07940