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To: Registration S Division of C							
SUBJECT:	bene Care !	Medical	Gonot	ics (onto) P	Too
	(Name of	corporation - r	nust include su	ffix) /	1-28	<u>-1\</u> 7/2/2	
Dear Sir or Madam:				4000	0348 1/30/00 ****87.5)2 <u>1</u> 01	54- 11000
The enclosed "Applica	ation by Foreign Corpo ce", and check are sub-	ration for Auth nitted to regist	orization to Tra er the above rea	manat D	* 7 70		******87。 ", on to
Please return all corres	pondence concerning t	his matter to th	e following:				
	SHARON (DATLIN					
		(Name of Pers					
	SENECARE N)EDICAL (Firm/Compan	<u>GENETIC</u> y)	S CEI	UTER		
	10 Conner]	(Address)	Suite	201	Internation	30 OO	
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Should you need to call someone concerning this matter, please call:						<u>ઃ 5</u>	NATION AND AND AND AND AND AND AND AND AND AN
SHARON GA (Name of Person	LIN at (<u>949-∞</u>	<u>a1</u>		- -	ζ,
framing of \$ 5106	M1)		& Daytime Tel	ephone Nu	umber)	,	
		80	10 - 27	7-4	363)	
STREET ADDRESS:		MAI	LING ADDRE	ess:			
Registration Section			tration Section				
Division of Corporations 409 E. Gaines St.			ion of Corporat	ions			
Tallahassee, FL 32399			Box 6327 1assee, FL 323	14			
Enclosed is a check for the	e following amount:	र स्टाप	manny (L. 323	17			
■ \$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Statu		Filing Fee &		.50 Filing		ın D

Certified Copy



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

December 6, 2000

SHARON GATLIN GENECARE MEDICAL GENETRICS CENTER, INC. 120 CONNER DRIVE, SUITE 201 CHAPEL HILL, NC 27514

SUBJECT: GENECARE MEDICAL GENETRICS CENTER, INC.

Ref. Number: W00000028700

We have received your document for GENECARE MEDICAL GENETRICS CENTER, INC. and your check(s) totaling \$87.50. However, the document has not been filed and is being retained in this office for the following:

You must complete the attached Officer/Director page, and it must be signed and returned before your document can be processed.,

Please return 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) 487-6967.

Letter Number: 400A00061676

Michelle Hodges Document Specialist

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. General Medical Generals Center INC.
(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.) 2. North Carolina 3. 56-1348485 (State or country under the law of which it is incorporated) (FEI number, if applicable) 4. 12-22-82 5. Despetual (Duration: Year corp. will cease to exist or "perpetual") (Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.")
(SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.) 7. a. 120 Conner Drive, Swite 201, Chape / Hill, NC 27514

(Principal office address)

b. 120 Conner Drive, Swite 201, Chape / Hill, NC 27514

(Current mailing address) 8. To provide medical genetics LABORATORY Shevices

(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.U. BOX OF IVIAN DEST.

Name: MR Terry Schwartz

Schwartz

Office Address: Sonne born, Rutter, Cooney, Klingensmith, & Cyler

1545 Centre Park Drive North

West Palm Beach, FL , Florida 33401-7414

West Palm Beach, FL , Florida 33401-7414

West Palm Beach, FL , Florida 33401-7414

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.

(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: Philip D. BuchanaN Ph.D Address: 7906 Kennebec DR. Chapel Hill, NC 27514 Vice Chairman: Address: Director: ABOUC Address: Director: Address: **B. OFFICERS** Vice President: Address: Secretary: Address: Address: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application) (Typed or printed name and capacity of person signing application)



Department of The Secretary of State

CERTIFICATE OF EXISTENCE

I, ELAINE F. MARSHALL, Secretary of State of the State of North Carolina, do hereby certify that

GENECARE MEDICAL GENETICS CENTER, INC.

is a corporation duly incorporated under the laws of the State of North Carolina, having been incorporated on the 22nd day of December, 1982, with its period of duration being Perpetual.

I FURTHER certify that, as of the date set forth hereunder, the said corporation's articles of incorporation are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said corporation is not administratively dissolved for failure to comply with the provisions of the North Carolina Business Corporation Act; that its most recent annual report required by N.C.G.S. 55-16-22 has been delivered to the Secretary of State; and that the said corporation has not filed articles of dissolution as of the date of this certificate.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 11th day of September, 2000.

Secretary of State