

**2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F07000005894

**FILED**  
**Jun 13, 2014**  
**Secretary of State**  
**CC6139945071**

**Entity Name:** REDPATH INTEGRATED PATHOLOGY, INC.

**Current Principal Place of Business:**

2515 LIBERTY AVENUE  
PITTSBURGH, PA 15222

**Current Mailing Address:**

2515 LIBERTY AVENUE  
PITTSBURGH, PA 15222

**FEI Number:** 20-1422009

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

CORPORATION SERVICES COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title C  
Name MURPHY, BRIAN G  
Address 555 E LANCASTER AVE STE 520  
City-State-Zip: RADNOR PA 19087

Title D  
Name SMITH, DENNIS MJR  
Address 4185 STATE ROUTE 16  
City-State-Zip: ST AUGUSTINE FL 32092

Title D  
Name DAVIS, JOHN P  
Address 12 WINTHROP HILL RD  
City-State-Zip: WESTON CT 06883

Title SECRETARY  
Name KLEINHENZ, PETER G  
Address 400 W WILSON BRIDGE RD # 130  
City-State-Zip: COLUMBUS OH 43085

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** DENNIS M SMITH, JR

**PRESIDENT**

**06/13/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date