

# F00000001413

## TRANSMITTAL LETTER

To: Registration Section  
Division of Corporations

SUBJECT: PATHO-LOGICS INC.  
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

600003162765--8  
-03/08/00--01097--002  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

ANDRAS FABRY

(Name of Person)

PATHO-LOGICS INC.

(Firm/Company)

PMB 158, 6094 14TH STREET WEST

(Address)

BRADENTON, FL 34207

(City/State/Zip)

Should you need to call someone concerning this matter, please call:

ANDRAS FABRY

(Name of Person)

at (941) 727-9875

(Area Code & Daytime Telephone Number)

FILED  
00 MAR -8 PM 2:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Name	Availability
STREET ADDRESS:	
Document Examiner	Registration Section
Division of Corporations	
Updater	409 E. Gaines St.
Tallahassee, FL 32399	
Updater	
Verifier	
Ackno. Judgment	DCC
<input checked="" type="checkbox"/> \$70.00 Filing Fee	
W. P. Verifier	DCC

Enclosed is a check for the following amount:

### MAILING ADDRESS:

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

☐ \$78.75 Filing Fee &  
Certificate of Status

☐ \$78.75 Filing Fee &  
Certified Copy

☐ \$87.50 Filing Fee,  
Certificate of Status &  
Certified Copy

F00000001413

**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. PATHO-LOGICS 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. DELAWARE 3. 22-3665644  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. JUNE 24, 1999 5. PERPETUAL  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. UPON QUALIFICATION  
(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. 3500 EL CONQUISTADOR PARKWAY, UNIT # 314, BRADENTON, FL 34210  
(Principal office address)
- b. PMB 158, 6094 14 TH STREET WEST, BRADENTON, FL 34207  
(Current mailing address)
8. PATHOLOGY CONSULTING  
(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.O. Box or Mail Drop Box NOT acceptable)
- Name: ANDRAS FABRY
- Office Address: 3500 EL CONQUISTADOR PARKWAY, UNIT # 314  
BRADENTON, Florida 34210  
(Zip code)

**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.*

Andras Fabry

(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: \_\_\_\_\_

Address: \_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

B. OFFICERS

President: ANDRAS FABRY

Address: PMB 158, 6094 14TH STREET WEST  
BRADENTON, FL 34207

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_

Secretary: \_\_\_\_\_

Address: \_\_\_\_\_

Treasurer: \_\_\_\_\_

Address: \_\_\_\_\_

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. Andras Fabry

(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. ANDRAS FABRY

(Typed or printed name and capacity of person signing application)

FILED  
MAR - 8 PM 2:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*State of Delaware*  
*Office of the Secretary of State*

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I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PATHO-LOGICS INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE EIGHTEENTH DAY OF FEBRUARY, A.D. 2000.

FILED  
00 MAR -8 PM 2:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



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*Edward J. Freel*  
\_\_\_\_\_  
Edward J. Freel, Secretary of State

AUTHENTICATION:

DATE:

0267985

02-18-00