

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

09 JUN 17 PM 1:36

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**CORPORATION
REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS**

DOCUMENT # F00000007195

1. Corporation Name

GeneCare Medical Genetics Center, Inc.

**400157362634
06/17/09--01044--006 **750.00**

**400157362634
06/17/09--01044--006 **8.75**

2. Principal Office Address - No P.O. Box #

201 Sage Road

3. Mailing Office Address

201 Sage Road

Suite, Apt. #, etc.

Suite 300

Suite, Apt. #, etc.

Suite 300

City & State

Chapel Hill

City & State

Chapel Hill

Zip

27514

Country

USA

Zip

27514

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

12/27/2000

**5. FEI Number
56-1348485**

**Applied For
Not Applicable**

6. CERTIFICATE OF STATUS DESIRED ☒

**\$8.75 Additional Fee required
for a Certificate of Status**

7. Name and Address of Current Registered Agent

Name

Incorporating Services, Ltd. Inc

**Street Address (P.O. Box Number is Not Acceptable)
1540 Glenway Drive**

Suite, Apt. #, Etc.

**City
Tallahassee**

**State
FL**

**Zip Code
32301**

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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**

Melissa A. Murry
Melissa A. Murry, REGISTERED AGENT MUST SIGN

Date 6/17/09

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	Philip D. Buchanan	201 Sage Road, Suite 300	Chapel Hill, North Carolina 27514
D	Elizabeth P. Buchanan	201 Sage Road, Suite 300	Chapel Hill, North Carolina 27514
P	Philip D. Buchanan	201 Sage Road, Suite 300	Chapel Hill, North Carolina 27514
S	Elizabeth P. Buchanan	201 Sage Road, Suite 300	Chapel Hill, North Carolina 27514
T	Elizabeth P. Buchanan	201 Sage Road, Suite 300	Chapel Hill, North Carolina 27514

10. 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., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Philip D. Buchanan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Philip Buchanan/President

Date

6/16/09

(919) 942 0021

Daytime Phone #