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

From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)222-1092
Fax Number : (850)878-5368

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
GENECARE MEDICAL GENETICS CENTER, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	$750.00

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CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F00000007195

1. Corporation Name
Genecare Medical Genetics Center, Inc.

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
201 Sage Road, Suite 300	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Chapel Hill, NC	City & State
Zip: 27314 Country: USA	Zip Country

10 CR2E00E (6/10)

4. Date Incorporated or Qualified To Do Business in Florida: 12-27-00

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: CT Corporation Systems

Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Road

Suite, Apt. #, Etc

City: Plantation State: FL Zip Code: 33324

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0505, F.S.

Signature of Registered Agent: Alfie Work
REGISTERED AGENT MUST SIGN

Date: 10/1/10

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
CEO	Tom Underwood	3200 Windy Hill Road, Suite 100	Atlanta, GA 30339
Vice Pre	David Teitel	51 Sawyer Road, Suite 200	Waltham, MA 02453
Secretar	Craig Apolinsky	3200 Windy Hill Road, Suite 100	Atlanta, GA 30339
Assist. S	Ellen Chiniara	51 Sawyer Road, Suite 200	Waltham, MA 02453
Assist. S	Jay McNamara	51 Sawyer Road, Suite 200	Waltham, MA 02453

10. E-mail Address: caterina.rorick@atere.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., 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.

SIGNATURE: Tom Underwood — Tom Underwood — 9-15-10 — 781-314-4000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #