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| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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ACCOUNT NO. : 072100000032 REFERENCE : 185097 AUTHORIZATION COST LIMIT : \$ 4670.00 ORDER DATE: July 28, 2003 ORDER TIME: 8:54 AM ORDER NO. : 185097-005 CUSTOMER NO: 7324238 CUSTOMER: Glen Fredenberg Us Labs, Inc. 2601 Campus Drive Irvine, CA 92612 FOREIGN FILINGS NAME: U.S. PATHOLOGY LABS, INC. XXXX QUALIFICATION (TYPE: CO) PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: CERTIFIED COPY PLAIN STAMPED COPY _ CERTIFICATE OF GOOD STANDING

EXAMINER:

CONTACT PERSON: Susie Knight -- EXT# 1156

| 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. Chartology (ABS Jac) (Name of corporation; must include the world "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. 33-08/2609 (State or country under the law of which it is incorporated) (FEI number, if applicable) |
| 05/19/2003 4. PERPETUAL |
| (Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual") 6. |
| (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. 2601 CAMPUS DR. IRVINE (A 92612 |
| (Principal office address) 2601 CAHPUS DR. IRVINE CA 926/2 (Current mailing address) |
| 8. PATHOLOGY LABORATORY (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: ODRPURATION SERVICE COMPANY |
| Office Address: 1201 HAYS SIREET |
| TALLAHASSEE , Florida 32301 (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. |
| William M. Edrington (Registered agent's signature) William M. Edrington, Authorized Rep |
| (respected after Dustings), with talk it. Buttingcon, without feet web |

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT.

Corporation Service Company
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.

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|--|--|--|
| 12. Names and business addresses of officers and/or directors: | 10000000000000000000000000000000000000 | |
| A. DIRECTORS | 上四 | |
| Chairman: JOHN STOBO | | |
| Address: 503 SANSOHE ST. SUITE 1550 | | |
| SAN FRANCISCO, (A 9411) | 7 | |
| Vice Chairman: MIKE DANZI | <u> </u> | |
| Address: 28 VALERIO. | <u> </u> | |
| NEWPORT BEACH CA 92660 | | |
| Director: JUDN R JESSUP | <u> </u> | |
| Address: 2601 CAMPUS DR. | | |
| IRVINE PA 92612 | <u></u> | |
| Director: | <u> </u> | |
| Address: | <u> </u> | |
| | <u></u> | |
| B. OFFICERS | | |
| President: JUDD R JESSUP - CEO | <u> </u> | |
| Address: 2601 CAMPUS DR. | | |
| IRVINE CA 92612 | and the second s | |
| Vice President:/LFO_STEVE PIERCE | | |
| Address: 2601 CAMPUS DR | <u> </u> | |
| IRVINE CA 92612 | | |
| Secretary: GLEN FREDENBERG | | |
| Address: 2601 CAMPUS DR IRVINE CA 926 | 12 | |
| Treasurer: | | |
| Address: | | |
| | | |
| NOTE: If necessary you may attach an addendum to the application listing additional officers and/or directors. | | |
| 13. Signature of Chairman, Vice Chairman, or any officer listed in number | 12 of the application) | |
| 14. Steve R. Pierce, Vice President and Chief Financial Offier | | |
| (Typed or printed name and capacity of person signing application) | | |

Delaware

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I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STA DELAWARE, DO HEREBY CERTIFY "U.S. PATHOLOGY LABS, INC." 35 DEY INCORPÓRATED 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 TWENTY-FOURTH DAY OF JULY, A.D. 2003.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "U.S. PATHOLOGY LABS, INC." WAS INCORPORATED ON THE NINETEENTH DAY OF MAY, A.D. 1998.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.



Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 2546220

DATE: 07-24-03

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