


# 2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2006 OCT 13 AM 9:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # F05000000438</b> 1. Entity Name ACCUPATH DIAGNOSTIC LABORATORIES, INC.	
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Principal Place of Business 2601 CAMPUS DRIVE IRVINE, CA 92612	Mailing Address 2601 CAMPUS DRIVE IRVINE, CA 92612
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2. Principal Place of Business 430 S. Spring Street Suite, Apt. #, etc.	3. Mailing Address 231 Maple Ave Suite, Apt. #, etc. Tax Dept
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10112006 REIN-P CR2E098 (11/05)

City & State Burlington NC Zip 27253 Country Alamance	City & State Burlington NC Zip 27215 Country Alamance
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4. FEI Number 33-0731972	Applied For <input type="checkbox"/> Not Applicable
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6. Name and Address of Current Registered Agent  CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525	7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable)  City <span style="float: right;">FL</span> Zip Code
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: <i>Carina L. Durlap</i>	<b>Carina L. Durlap</b> Asst. Vice President	DATE: 10-18-06
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Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$750.00  
After January 1, 2007, Fee will be \$900.00

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME	CDPT JESSUP, R. JUDD 2601 CAMPUS DRIVE IRVINE, CA 92612	TITLE NAME	President David King 430 S. Spring Street Burlington NC 27215
	<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME	S WATSON, MATT 2601 CAMPUS DRIVE IRVINE, CA 92612	TITLE NAME	Treasurer William B. Hayes 231 Maple Ave Burlington, NC 27215
	<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME		TITLE NAME	Secy Bradford Smith 430 S. Spring St Burlington, NC 27215
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME		TITLE NAME	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME		TITLE NAME	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: <i>William B. Hayes</i>	Date: 10/12/06	Daytime Phone #: 336-736-7207
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/19