

F05000003767

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

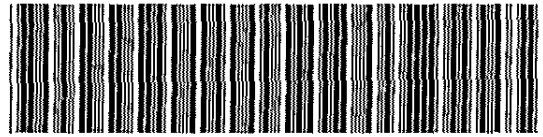
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05 JUN 29 AM 10:56

STATE  
OFFICE  
TALLAHASSEE, FLORIDA

FILED

05 JUN 29 PM 2:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 451764 7266213

AUTHORIZATION : *Patricia Pizik*

COST LIMIT : \$ 70.00

ORDER DATE : June 27, 2005

ORDER TIME : 10:03 AM

ORDER NO. : 451764-005

CUSTOMER NO: 7266213

CUSTOMER: Melissa M. Zeiders, Paralegal  
Stevens & Lee  
P. O. Box 11670

Harrisburg, PA 17108

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FOREIGN FILINGS

NAME: LAKEWOOD PATHOLOGY ASSOCIATES,  
INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX        PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Amanda Haddan -- EXT# 2955

EXAMINER: \_\_\_\_\_

**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. Lakewood Pathology Associates, Inc.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. New Jersey

(State or country under the law of which it is incorporated)

3. 22-3059768

(FEI number, if applicable)

4. 9/12/1990

(Date of incorporation)

5. perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6. following qualification of licensure

(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 1200 River Avenue, Building 10, Lakewood, NJ 08701

(Principal office address)

1200 River Avenue, Building 10, Lakewood, NJ 08701

(Current mailing address)

8. conducting the business of a licensed medical 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 NOT acceptable)

Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee

(City)

, 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.*

Corporation Service Company

By: [Signature]

(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:

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SECRETARY OF STATE

**A. DIRECTORS**

Chairman: Raza Bokhari, MD

Address: 1200 River Avenue, Lakewood, NJ 08701

Vice Chairman: David F. Jadwin, DO

Address: 1200 River Avenue, Lakewood, NJ 08701

Director: M. Nasar Qureshi, MD

Address: 1200 River Avenue, Lakewood, NJ 08701

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

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

**B. OFFICERS**

President: Raza Bokhari, MD

Address: 1200 River Avenue, Lakewood, NJ 08701

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

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

Secretary: Raza Bokhari, MD

Address: 1200 River Avenue, Lakewood, NJ 08701

Treasurer: Raza Bokhari, MD

Address: 1200 River Avenue, Lakewood, NJ 08701

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

13. 

(Signature of Director or Officer listed in number 12 of the application)

14. Raza Bokhari, MD

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

STATE OF NEW JERSEY  
DEPARTMENT OF TREASURY  
SHORT FORM STANDING

LAKWOOD PATHOLOGY ASSOCIATES, INC.

0100463208

*With the Previous or Alternate Name*

LAKWOOD PATHOLOGY ASSOCIATES, P.A. (*Previous Name*)

*I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Profit Corporation was registered by this office on September 12, 1990.*

*As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.*

*I further certify that the registered agent and registered office are:*

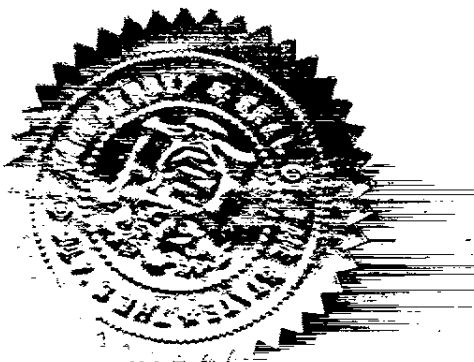
Raza Bokhari.  
1200 River Avenue 10-E  
Lakewood, NJ 08701

*Continued on next page . . .*

STATE OF NEW JERSEY  
DEPARTMENT OF TREASURY  
SHORT FORM STANDING

LAKWOOD PATHOLOGY ASSOCIATES, INC.

IN TESTIMONY WHEREOF, I have  
hereunto set my hand and  
affixed my Official Seal  
at Trenton, this  
16th day of June, 2005



A handwritten signature in black ink, which appears to read "John E. McCormac". The signature is written in a cursive style and is positioned to the right of the official seal.

John E McCormac, CPA  
State Treasurer