

# F060000006900

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

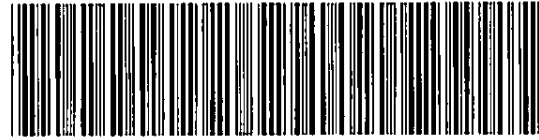
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



500441378625

FILED

2024 DEC 26 PM 3:00

TALLAHASSEE, FLORIDA

2024 DEC 26 AM 11:04



CSC - Tallahassee  
1201 Hays Street  
Tallahassee, FL 32301-2607  
850-558-1500, Ext: x62969

To: Department Of State, Division Of Corporations  
From: Amanda Miller  
Ext: x62969  
Date: 12/24/24  
Order #: 1743312-4  
Re: Correlagen Diagnostics, Inc.  
Processing Method: Routine

A handwritten signature in black ink, appearing to read 'Amanda Miller', is written over the signature line.

TO WHOM IT MAY CONCERN:

Enclosed please find:

Application for Certificate of Withdrawal

Amount to be deducted from our State Account: \$43.75 - FL State Account Number:  
I20000000195

Please take the following action:

File in your office on basis  
Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** CORRELAGEN DIAGNOSTICS, INC.

\_\_\_\_\_  
(Name of Corporation)

**DOCUMENT NUMBER:** 1706000006900

The enclosed **withdrawal application** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Anetta Outlaw

\_\_\_\_\_  
(Name of Person)

Labcorp

\_\_\_\_\_  
(Firm/Company)

531 S. Spring Street

\_\_\_\_\_  
(Address)

Burlington, NC 27215

\_\_\_\_\_  
(City/State and Zip code)

For further information concerning this matter, please call:

\_\_\_\_\_ at (\_\_\_\_\_) \_\_\_\_\_  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the amount:

- ☐ \$35 Filing Fee    ☒ \$43.75 Filing Fee & Certificate of Status    ☐ \$43.75 Filing Fee & Certified Copy (Additional copy is Enclosed)    ☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)

**Mailing Address:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**APPLICATION BY FOREIGN CORPORATION FOR WITHDRAWAL OF  
AUTHORITY TO TRANSACT BUSINESS OR CONDUCT AFFAIRS IN FLORIDA**

CORRELAGEN DIAGNOSTICS, INC.

\_\_\_\_\_  
(Name of Corporation)

F06000006900

\_\_\_\_\_  
(Document Number of Corporation (if known))

Incorporated under the laws of Massachusetts, authorized to transact business in Florida on 11/02/2006

\_\_\_\_\_  
(Incorporated Under Laws of and date authorized to transact business/conduct its affairs)

This corporation is no longer transacting business or conducting affairs within the State of Florida and hereby voluntarily surrenders its authority to transact business or conduct affairs in Florida.

This corporation revokes the authority of its registered agent in Florida to accept service on its behalf and appoints the Department of State as its agent for service of process based on a cause of action arising during the time it was authorized to transact business or conduct affairs in Florida.

The following is a current mailing address for the corporation:

405 Maple Ave., Unit 411

\_\_\_\_\_  
(Mailing Address)

Burlington, NC 27216

\_\_\_\_\_  
(City/ State /Zip)

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2024 DEC 26 PM 3:00  
TALLAHASSEE, FLORIDA

The corporation agrees to notify the Department of State in the future of any change in its mailing address.

Sandra D. van der Vaart  
(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

Sandra D. van der Vaart

\_\_\_\_\_  
(Typed or printed name of person signing)

December , 2024

\_\_\_\_\_  
(Date)

President

\_\_\_\_\_  
(Title of person signing)

**FILING FEE \$35**