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Florida Department of State  
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Account Name : CORPORATION SERVICE COMPANY  
Account Number : I20000000195  
Phone : (850)521-1000  
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*Heather x2908*

**FOREIGN PROFIT/NONPROFIT CORPORATION**

**RED PATH INTEGRATED PATHOLOGY, INC.**

Certificate of Status	1
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**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. RedPath Integrated Pathology, Inc.  
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Ltd.," "Co.," or "Corp.")

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

2. Pennsylvania 3. 20-1422009  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 8/6/2004 5. PERPETUAL  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

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

7. 816 Middle Street, Pittsburgh, PA 15212  
(Principal office address)

816 Middle Street, Pittsburgh, PA 15212  
(Current mailing address)

8. ACCEPTANCE OF SPECIMENS FOR TESTING IN CLINICAL LABORATORY IN PA.  
(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, Florida 32301  
(City) (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.

Heather Chapman  
as its agent

Heather Chapman  
(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.

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12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: BRIAN G. MURPHY  
Address: 500 W. GULPH ROAD SUITE 500  
KING OF PRUSSIA PA 19406

Vice Chairman: \_\_\_\_\_

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

Director: MARY DEL BRADY  
Address: 816 MIDDLE STREET  
PITTSBURGH PA 15212

Director: DR DENNIS SMITH  
Address: 4185 STATE ROAD 16  
ST. AUGUSTINE, FL 32092

SEE PAGE 2  
FOR ADDITIONAL  
DIRECTORS

B. OFFICERS

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

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

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

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

Secretary: \_\_\_\_\_

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

Treasurer: \_\_\_\_\_

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

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

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12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: \_\_\_\_\_

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

Vice Chairman: \_\_\_\_\_

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

Director: Barbara Handelin

Address: 11071 Hunters Circle

West Chester PA 19380

Director: Peter Kleinhenz

Address: 180 E Broad Street Suite 1701

Columbus OH 43215

B. OFFICERS

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

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

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

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

Secretary: David S. Smith

Address: 500 Grant Street 50th Floor, Pittsburgh, PA 15219

Treasurer: \_\_\_\_\_

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

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

13. [Signature]

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

14. DAVID S. SMITH, SECRETARY

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COMMONWEALTH OF PENNSYLVANIA**

**DEPARTMENT OF STATE**

**SEPTEMBER 21, 2006**

**TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:**

**I DO HEREBY CERTIFY THAT,**

**REDPATH INTEGRATED PATHOLOGY, INC.**

**is duly incorporated under the laws of the Commonwealth of Pennsylvania and  
remains a subsisting corporation so far as the records of this office show, as of  
the date herein.**



**IN TESTIMONY WHEREOF, I have  
hereunto set my hand and caused  
the Seal of the Secretary's Office to  
be affixed, the day and year above  
written.**

*Recha A. Cortis*

**Secretary of the Commonwealth**