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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

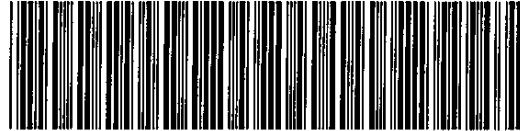
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: DCL Medical Laboratories, Inc.
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Gary R. Olson

(Name of Person)

DCL Medical Laboratories, Inc.

(Firm/Company)

9550 N. Zionsville Road

(Address)

Indianapolis, IN 46268

(City/State and Zip code)

For further information concerning this matter, please call:

Gary R. Olson at 317, 874-1233

(Name of Person)

(Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

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

Enclosed is a check for the following amount:

☐ \$70.00 Filing Fee

☐ \$78.75 Filing Fee &
Certificate of Status

☐ \$78.75 Filing Fee &
Certified Copy

☒ \$87.50 Filing Fee,
Certificate of Status &
Certified Copy

NOTE: IN INDIANA, CERTIFICATES OF EXISTENCE ARE ISSUED AS
PDF FILES. THE ENCLOSED CERTIFICATE WAS PRINTED, NOT PHOTOCOPIED.
I WOULD BE HAPPY TO FORWARD THE ACTUAL PDF FILE BY E-MAIL, IF NEEDED. /GRO

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

NOT APPLICABLE

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

2. INDIANA 3. 35-1609041
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 7-2-1984 5. PERPETUAL
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. DCL HAS CONDUCTED INTERSTATE COMMERCE SINCE 1997. ACCORDING TO 607.1501 FS,
(Date first transacted business in Florida, if prior to registration) THIS DOES NOT QUALIFY
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) AS TRANSACTING BUSINESS,

7. DCL MEDICAL LABORATORIES, INC. 9550 N. ZIONSVILLE ROAD INDIANAPOLIS
(Principal office address) IN 46268

SAME

(Current mailing address)

8. CLINICAL REFERENCE 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: CT Corporation System

Office Address: 1200 S. Pine Island Road

Plantation, Florida 33324
(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.



Robert S. Lane
Assistant Secretary

(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: ROGER WALL
Address: 9550 N. ZIONSVILLE ROAD
INDIANAPOLIS, IN 46268

Director: MICHAEL HANBURY
Vice Chairman: 9550 N. ZIONSVILLE ROAD
Address: INDIANAPOLIS, IN 46268

Director: MICHAEL GLANT, M.D.
Address: 9550 N. ZIONSVILLE ROAD
INDIANAPOLIS, IN 46268

Director: <u>MICHAEL KOETTERS</u>	<u>TOM HIATT</u>
Address: <u>822 KINGFISHER LANE</u>	<u>10 W. MARKET STREET STE 3030</u>
<u>GLENDALF, OH 45246</u>	<u>INDIANAPOLIS, IN 46204</u>

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B. OFFICERS

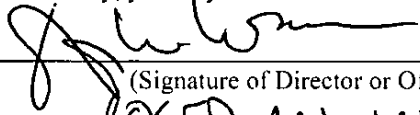
President: MICHAEL HANBURY
Address: 9550 N. ZIONSVILLE ROAD
INDIANAPOLIS, IN 46268

Vice President: <u>JIM SNYDER</u>	<u>CAROL ESENHUT, M.D.</u>
Address: <u>9550 N. ZIONSVILLE ROAD</u>	<u>9550 N. ZIONSVILLE ROAD</u>
<u>INDIANAPOLIS, IN 46268</u>	<u>INDIANAPOLIS, IN 46268</u>

Secretary: MICHAEL GLANT, M.D.
Address: 9550 N. ZIONSVILLE ROAD, INDIANAPOLIS, IN 46268

Treasurer: JIM BUCHER
Address: 9550 N. ZIONSVILLE ROAD, INDIANAPOLIS, IN 46268

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. ROGER W. WALL, CHAIRMAN, BOARD OF DIRECTORS
(Typed or printed name and capacity of person signing application)

**STATE OF INDIANA
OFFICE OF THE SECRETARY OF STATE
CERTIFICATE OF EXISTENCE**

To Whom These Presents Come, Greetings:

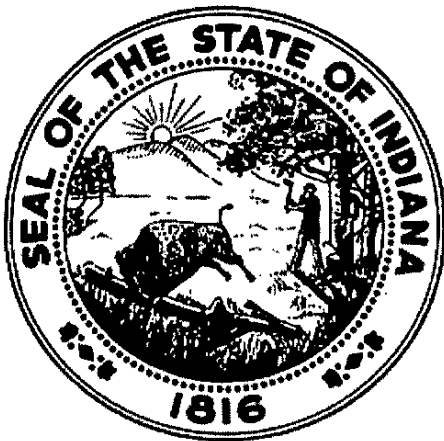
I, TODD ROKITA, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records, and proper official to execute this certificate.

I further certify that records of this office disclose that

DCL MEDICAL LABORATORIES, INC

duly filed the requisite documents to commence business activities under the laws of State of Indiana on July 02, 1984, and was in existence or authorized to transact business in the State of Indiana on June 01, 2007.

I further certify this For-Profit Domestic Corporation has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution or expiration has been filed or taken place.



In Witness Whereof, I have hereunto set my hand and affixed the seal of the State of Indiana, at the city of Indianapolis, this First Day of June, 2007.

A handwritten signature in black ink, reading "Todd Rokita".

TODD ROKITA, Secretary of State

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