2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F07000005894

Entity Name: REDPATH INTEGRATED PATHOLOGY, INC.

FILED Sep 30, 2009 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:				
816 MIDDLE STREET PITTSBURGH, PA 15212				2515 LIBERTY AVENUE PITTSBURGH, PA 15222				
Current Mailing Address:				New Mailing Address:				
816 MIDDLE STREET PITTSBURGH, PA 15212				2515 LIBERTY AVENUE PITTSBURGH, PA 15222				
FEI Number:	20-1422009	FEI Number Applied For ()	FEI Nun	nber Not Appli	cable ()	Certificate of Statu	us Desired (X)	
Name and Address of Current Registered Agent:					Name and Address of New Registered Agent:			
CORPORATION SERVICES COMPANY 1207 HAYS STREET TALLAHASSEE, FL 32301 US 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. SIGNATURE: JAMES DELSIGNORE								
SIGNATUR		c Signature of Registered Agen			Date			
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive t Election Campaign Financing Trust Fund Contribution (). OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:				
Title: Name: Address: City-St-Zip:	C () I MURPHY, BRIAN 500 N GULF RO KING OF PRUSS	AD, ST. 500		Title: Name: Address: City-St-Zip:	()	Change () Addition	1	
Title: Name: Address: City-St-Zip:	S () SMITH, DAVID S % 500 GRANT S PITTSBURGH, P	T, 50TH FLOOR		Title: Name: Address: City-St-Zip:	()	Change () Addition		
Title: Name: Address: City-St-Zip:	D () I DEL BRADY, MA 816 MIDDLE STI PITTSBURGH, P	REET		Title: Name: Address: City-St-Zip:	D (X) MYSLINSKI, MA 2515 LIBERTY PITTSBURGH, F	AVENUE	1	
Title: Name: Address: City-St-Zip:	D () I SMITH, DENNIS 4185 STATE RO ST AUGUSTINE,	AD 16		Title: Name: Address: City-St-Zip:	()	Change () Addition	ı	
Title: Name: Address: City-St-Zip:	D () HANDELIN, BAR 1671 HUNTERS WEST CHESTER	CIRCLE		Title: Name: Address: City-St-Zip:	D (X) DAVIS, JACK 2515 LIBERTY A PITTSBURGH, F		1	
Title: Name: Address: City-St-Zip:	KLEINHENZ, PE	TREET, SUITE 1701		Title: Name: Address: City-St-Zip:	()	Change () Addition		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID J HAFFNER CFO 09/30/2009