

FD7000005894

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

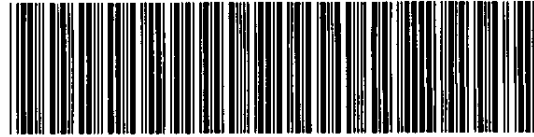
(Business Entity Name)

(Document Number)

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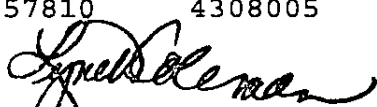
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11:21  
16 AUG 17 AM 10:07  
SECRET  
TALLENBARGER, BERNARD

NC  
AUG 18 2016  
R. WHITE

RECEIVED  
16 AUG 17 PM 4:41  
NOT INTERFERED  
TO ACKNOWLEDGE  
SUFFICIENCY OF FILING

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195  
REFERENCE : 257810 4308005  
AUTHORIZATION :   
COST LIMIT : \$ 35.00

ORDER DATE : August 17, 2016  
ORDER TIME : 3:24 PM  
ORDER NO. : 257810-015  
CUSTOMER NO: 4308005

FOREIGN FILINGS

NAME: REDPATH INTEGRATED PATHOLOGY  
INC.

XX CORPORATE  
       LIMITED PARTNERSHIP  
       LIMITED LIABILITY COMPANY

XXXX AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX        PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Melissa Zender -- EXT# 62956

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

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** RedPath Integrated Pathology, Inc.

\_\_\_\_\_  
Name of Corporation

**DOCUMENT NUMBER:** F07000005894

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jacqueline Y. Eastridge

\_\_\_\_\_  
Name of Contact Person

c/o Pepper Hamilton LLP

\_\_\_\_\_  
Firm/Company

3000 Two Logan Square

\_\_\_\_\_  
Address

Philadelphia, PA 19103

\_\_\_\_\_  
City/State and Zip Code

nkrishnamurti@inbterpacedx.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jacqueline Y. Eastridge

at ( 215 ) 981-4815

\_\_\_\_\_  
Name of Contact Person

\_\_\_\_\_  
Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:



\$35.00 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  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

(Pursuant to s. 607.1504, F.S.)

F07000005894

(Document number of corporation (if known))

(Name of corporation as it appears on the records of the Department of State)

(Incorporated under laws of)

(Date authorized to do business in Florida)

(Title of person signing)

16 AUG 17 AM 10:07  
STATION 103  
TAL 103-103-103

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE SAID "REDPATH INTEGRATED PATHOLOGY, INC.", FILED A CERTIFICATE OF MERGER, CHANGING ITS NAME TO "INTERPACE DIAGNOSTICS CORPORATION" ON THE THIRTY-FIRST DAY OF OCTOBER, A.D. 2014, AT 3:48 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID CORPORATION IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE NOT HAVING BEEN CANCELLED OR DISSOLVED SO FAR AS THE RECORDS OF THIS OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.



4354810 8320  
SR# 20165403307

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

A handwritten signature in black ink, appearing to read "JB", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

Authentication: 202842228  
Date: 08-17-16