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TILL CONTROL OF STATE SECRETARY OF STATE

APR -2 2008 D. A. WHITE

COVER LETTER

TO: New Filing Section Division of Corporations	
SUBJECT: Doctorschoice Lab, 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:	
tanzina Hill	
(Name of Person)	
Doctorschoicelab, Inc.	
(Firm/Company)	
2030 WMCNab Road	
(Address)	
Ft. Lauderdale, FL 33309	
(City/State and Zip code)	
For further information concerning this matter, please call:	
(Name of Person) (Name of Person) (Area Code & Daytime Telephone Number)	
(Name of Person) (Area Code & Daytime Telephone Number)	
STREET/COURIER ADDRESS: MAILING ADDRESS:	
New Filing Section New Filing Section Division of Corporations Division of Corporations	
Clifton Building P.O. Box 6327	
2661 Executive Center Circle Tallahassee, FL 32314 Tallahassee, FL 32301	
Enclosed is a check for the following amount:	
\$70.00 Filing Fee \$\ \tag{S78.75 Filing Fee & \tag{S78.75 Filing Fee & \tag{S87.50 Filing Fee, \tag{Certificate of Status & \tag{Certified Copy} \tag{Certified Copy} \tag{Certified Copy}	



FLORIDA DEPARTMENT OF STATE **Division of Corporations**

March 20, 2008

PANZINA HILL DOCTORSCHOICELAB, INC. 2030 W MCNAB ROAD FT LAUDERDALE, FL 33309

SUBJECT: DOCTORSCHOICELAB, INC.

Ref. Number: W08000014706

We have received your document for DOCTORSCHOICELAB, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The entity's period of duration must be listed on the application. Please insert the // word "perpetual", if a specific date of dissolution or term of existence has not been specified.

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

If you have any questions concerning the filing of your document, please call (850) 245-6933. Reguested wither applied

Dale White Regulatory Specialist II

Letter Number: 108A00016835

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. Lictorscholab, Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. Delaware 3. 51-0624588
(State or country under the law of which it is incorporated) (FEI number, if applicable) 4. 7/10/2007 5. Per pet 4.
4. 71012007 5. Per pet 40 (Duration: Year corp. will cease to exist of "perpetual")
6
(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
1. 2030 W MCNOW Road, Ft. Landerdale, FL 33309
(Principal office address)
(Current mailing address)
8. Puild STAT habs for medical facilities (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: Pruth Drews
Office Address: 2030 W H Wab Rd
Ft.Laudevolale, Florida 33809 (Zip code)
10 Registered agent's accentance

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.

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.

Delaware

PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "DOCTORSCHOICELAB, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-FIFTH DAY OF MARCH, A.D. 2008.

ZOOB MAR 19 A 8: 02
SECRETARY OF STATE
SECRETARY OF STATE

4282697 8300

080350600
You may verify this certificate online at corp.delaware.gov/authver.shtml

Darriet Smith Hindson

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 6472933

DATE: 03-25-08