F08000005406

Florida Department of State
Division of Corporations
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Division of Corporations
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REGISTERED AGENT CHANGE
GARCIA CLINICAL LABORATORY, INC.

Certificate of Status	0
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Page Count	03
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3/20/12

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: GARCIA CLINICAL LABORATORY, INC.
Name of Corporation

DOCUMENT NUMBER: F08000005406

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jeffrey R. Peterson
Name of Contact Person

Garcia Clinical Laboratory, Inc.
Firm/Company

2195 Spring Arbor Rd.
Address

Jackson, MI 49203
City/State and Zip Code

jpeterson@garcialab.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jeff Peterson at (517) 787-9200
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a $35.00 check made payable to the Department of State.

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

CR2E045 (8/05)

PLWP - 07/27/2009 CT System Online

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Michigan *in order to change its registered office or registered agent, or both, in the State of Florida.*

1. The name of the corporation: GARCIA CLINICAL LABORATORY, INC.

2. The principal office address: 2195 SPRING ARBOR RD, JACKSON MI 49203

3. The mailing address (if different):

4. Date of incorporation/qualification: 12/23/2008 Document number: F08000005406

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

C T CORPORATION SYSTEM

1200 SOUTH PINE ISLAND ROAD

PLANTATION FL 33324 US

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6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

C T Corporation System

c/o C T Corporation System, 1200 South Pine Island Road

P.O. Box NOT acceptable

Plantation, Florida 33324

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Signature of an officer or director

Jeffrey R. Peterson, VP Operations

Printed or typed name and title

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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

By: C T Corporation System
Signature of Registered Agent

03/19/2012
Date

If signing on behalf of an entity:

Katie Szramek
Typed or Printed Name

Assistant Secretary

*** FILING FEE: $35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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