

F08000005406

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6380

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5368

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

REGISTERED AGENT CHANGE
GARCIA CLINICAL LABORATORY, INC.

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Page Count	03
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Corporate Filing Menu

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APR 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)

PLJ00 - 07/23/2009 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

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.

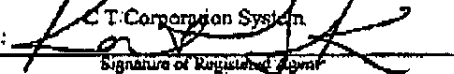


Signature of an officer or director

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

CR2E043 (8/05)

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