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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : C T CORPORATION SYSTEM
Account Number : PCA000000023
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.

Email Address: _____

FOREIGN PROFIT/NONPROFIT CORPORATION

Diagnostic Laboratory Practice, Inc.

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$70.00

RECEIVED

10 FEB -9 PM 12:18

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2010 FEB -9 AM 9:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers FEB 10 2010

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: DIAGNOSTIC LABORATORY PRACTICE, 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:

Mary F. Graham, Paralegal

(Name of Person)

McDonald Hopkins LLC

(Firm/Company)

600 Superior Ave., Suite 2100

(Address)

Cleveland, OH 44114

(City/State and Zip code)

For further information concerning this matter, please call:

Mary F. Graham, Paralegal

(Name of Person)

at (216) 348-5461

(Area Code & Daytime Telephone Number)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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STREET/COURIER ADDRESS:

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- ☐ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & Certificate of Status ☒ \$78.75 Filing Fee & Certified Copy ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

#2026026

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. DIAGNOSTIC LABORATORY PRACTICE, 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. OHIO

(State or country under the law of which it is incorporated)

3.

(FEI number, if applicable)

4. December 19, 1984

(Date of incorporation)

5. perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6.

(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 2351 East 22nd Street, Cleveland, Ohio 44115

(Principal office address)

2351 East 22nd Street, Cleveland, Ohio 44115

(Current mailing address)

8. Medical Practice

(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: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation

(City)

, Florida 33324

(Zip code)

10. Registered agent's acceptance:

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.

C T Corporation System

Diane Stout, Asst. Secretary

By: Diane Stout

(Registered agent's signature)

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.

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TALLAHASSEE, FLORIDA

12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: _____

Address: _____

Director: _____

~~Vice Chairman~~ Peter Klein

Address: Predictive Biosciences, Inc., 128 Spring Street, 400 Level B, Annex, Lexington, MA 02421

Director: Vikram Lambh

Address: Predictive Biosciences, Inc., 12707 High Bluff Drive, Suite 200, San Diego, CA 92130

Director: Chanho Park, M.D.

Address: 812 Huron Road, Suite 520, Cleveland, Ohio 44115

B. OFFICERS

President: Peter Klein

Address: Predictive Biosciences, Inc., 128 Spring Street, 400 Level B, Annex, Lexington, MA 02421

Vice President: Chanho Park, M.D.

Address: 812 Huron Road, Suite 520, Cleveland, Ohio 44115

Secretary: Jeffrey L. Quillen

Address: Foley Hoag LLP, Seaport World Trade Center West, 155 Seaport Blvd., Boston, MA 02210

Treasurer: Chanho Park, M.D.

Address: 812 Huron Road, Suite 520, Cleveland, Ohio 44115

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. Chanho Park
(Signature of Director or Officer listed in number 12 of the application)

14. Chanho Park, M.D., Vice President & Treasurer
(Typed or printed name and capacity of person signing application)

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TALLAHASSEE, FLORIDA

**United States of America
State of Ohio
Office of the Secretary of State**

*I, Jennifer Brunner, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show **DIAGNOSTIC LABORATORY PRACTICE, INC.**, an Ohio professional corporation, Charter No. 646014, having its principal location in Cleveland, County of Cuyahoga, was incorporated on December 19, 1984 and is currently in **GOOD STANDING** upon the records of this office.*

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



*Witness my hand and the seal of the
Secretary of State at Columbus, Ohio
this 4th day of February, A.D. 2010*

A handwritten signature in cursive script, appearing to read "Jennifer Brunner".

Ohio Secretary of State

Validation Number: V201032FDD820