

**F1000000775**

Florida Department of State  
Division of Corporations  
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**FOREIGN PROFIT/NONPROFIT CORPORATION  
MULLINS PATHOLOGY & CYTOLOGY LABORATORY, INC.**

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$78.75

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**COVER LETTER**

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** Mullins Pathology & Cytology Laboratory, 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:

Sheridan Foster  
\_\_\_\_\_  
(Name of Person)

Sonic Healthcare USA, Inc.  
\_\_\_\_\_  
(Firm/Company)

9737 Great Hills Trail Suite 100  
\_\_\_\_\_  
(Address)

Austin, Texas 78759  
\_\_\_\_\_  
(City/State and Zip code)

For further information concerning this matter, please call:

Sheridan Foster at ( 512 ) 439-1845  
\_\_\_\_\_  
(Name of Person) (Area Code & Daytime Telephone Number)

**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

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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. Mullins Pathology & Cytology Laboratory, Inc. (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

Mullins Laboratory

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Georgia 3. 58-2598244 (State or country under the law of which it is incorporated) (FEI number, if applicable)

4. January 24, 2001 5. Perpetual (Date of incorporation) (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. 1520 NORTH LEG RD AUGUSTA GA 30909 (Principal office address)

1520 NORTH LEG RD AUGUSTA GA 30909 (Current mailing address)

8. Independent diagnostic laboratory (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: NRAI Services, Inc.

Office Address: 2731 Executive Park Dr., Ste 4

Weston, Florida 33331 (City) (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 heroby 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.

NRAI Services, Inc.

[Handwritten signature]

(Registered agent's signature) Jeff M. Higdon, Special Asst. Sec.

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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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

A. DIRECTORS

Chairman: Robert E. Connor, M.D.

Address: 9737 Great Hills Trail, Suite 100  
Austin, TX 78759

Vice Chairman: No Vice Chairman. Director: Dr. Colln Goldschmidt

Address: 9737 Great Hills Trail, Suite 100  
Austin, TX 78759

Director: David L. Schultz

Address: 9737 Great Hills Trail, Suite 100  
Austin, TX 78759

Director: Chris Wilkes

Address: 9737 Great Hills Trail, Suite 100  
Austin, TX 78759

B. OFFICERS

President: William J. Pesci

Address: 1520 NORTH LEG RD  
AUGUSTA GA 30909

Vice President: David L. Schultz

Address: 1520 NORTH LEG RD  
AUGUSTA GA 30909

Secretary: Sheridan Foster


Address: 1520 NORTH LEG RD, AUGUSTA GA 30909

Treasurer: Paul W. Miller

Address: 1620 NORTH LEG RD AUGUSTA GA 30909

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

13.



(Signature of Director or Officer listed in number 12 of the application)

14.

Sheridan Foster, Secretary

(Typed or printed name and capacity of person signing application)

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Control No. 0104182

# STATE OF GEORGIA

## Secretary of State

Corporations Division  
315 West Tower  
#2 Martin Luther King, Jr. Dr.  
Atlanta, Georgia 30334-1530

10 FEB 15 PM  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ED

### CERTIFICATE OF EXISTENCE

I, Brian P. Kemp, Secretary of State and the Corporations Commissioner of the state of Georgia, hereby certify under the seal of my office that

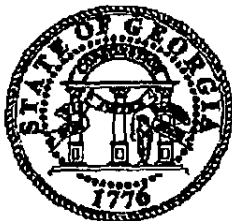
#### MULLINS PATHOLOGY & CYTOLOGY LABORATORY, INC.

##### Domestic Profit Corporation

was formed or was authorized to transact business on 01/24/2001 in Georgia. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.



WITNESS my hand and official seal of the City of Atlanta and the State of Georgia on 15th day of February, 2010

Brian P. Kemp  
Secretary of State

10 FEB 15 PM 1:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Certification Number: 5104521-1 Reference: 10-02-0177  
Verify this certificate online at <http://corp.sos.state.ga.us/corp/soskb/verify.asp>