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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

EP 3/2/10

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Laboratory for Kidney Pathology, 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," or "Certificate of Good Standing" 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:

Sarah Holmes

Name of Person

Laboratory for Kidney Pathology, Inc.

Firm/Company

1916 Patterson Street, Suite 501

Address

Nashville, TN 37203

City/State and Zip code

sarahlkp@comcast.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sarah Holmes

Name of Person

at (615) 321-5729

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

**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. Laboratory for Kidney Pathology, Inc.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Ltd.," "Co.," or "Corp.")

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

2. Tennessee

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

3. 30-0403291

(FEI number, if applicable)

4. 01/11/2002

(Date of incorporation)

5. perpetual

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

6. NA

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

7. 1916 Patterson Street, Nashville TN 37203

(Principal office address)

(Current mailing address)

8. medical laboratory and any legal activity

(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: InCorp Services, Inc.

Office Address: 17888 87th Court North

Loxahatchee

(City)

, Florida 33470

(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.

Lia Shalio on behalf of InCorp Services, Inc.
(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: Robert G. Horn, M. D.

Address: 3530 John Allen Road
Cornersville, TN 37047

Vice Chairman: Lilia D. Mauricio, M. D.,

Address: 533 Armistead Place
Nashville, TN 37215

Director: Yihan Wang, M. D.

Address: 385 Shadow Creek Drive
Brentwood, TN 37027

Director: Sarah Holmes

Address: 1622 Ordway Place
Nashville, TN 37206

B. OFFICERS

President: _____

Address: _____

Vice President: _____

Address: _____

Secretary: Cynthia Chavez

Address: 1627 Wilson Pike, Brentwood, TN 37027

Treasurer: _____

Address: _____

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. Sarah Holmes, Director

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

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TALLAHASSEE, FLORIDA



STATE OF TENNESSEE
Tre Hargett, Secretary of State
Division of Business Services
312 Rosa L. Parks Avenue
6th Floor, William R. Snodgrass Tower
Nashville, TN 37243

Laboratory for Kidney Pathology, Inc.

Attn: Sara Holmes
1916 Patterson Street
Suite 501
Nashville, TN 37203 USA

February 17, 2010

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10 MAR - 1 PM 3:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Request Type: No Fee Certificate of Existence/Authorization

Request #: 0008214

Issuance Date: 02/17/2010

Copies Requested:

Document Receipt

Receipt #:

Filing Fee:

Regarding: LABORATORY FOR KIDNEY PATHOLOGY, INC.

Filing Type: Corporation For-Profit - Domestic

Charter/Qualification Date: 01/11/2002

Status: Active

Duration Term: Perpetual

Control #: 420151

Date Formed: 01/11/2002

Formation Locale: Davidson County

Inactive Date:

CERTIFICATE OF EXISTENCE

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that

LABORATORY FOR KIDNEY PATHOLOGY, INC.

- * is a Corporation duly incorporated under the law of this State with a date of incorporation and duration as given above;
- * has paid all fees, taxes and penalties owed to this State which affect the existence/authorization of the business;
- * has filed the most recent corporation annual report required with this office;
- * has appointed a registered agent and registered office in this State;
- * has not filed Articles of Dissolution or Articles of Termination.

Tre Hargett, Secretary of State
Business Services Division