

FI0000064785

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

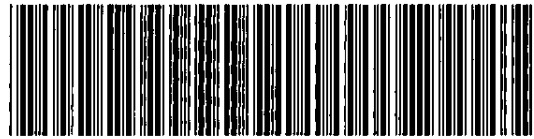
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. Burch NOV 2 2010

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: QDx PathAlliance, PC

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:

Debbie Pacyna

Name of Person

QDx PathAlliance, PC

Firm/Company

46 Jackson Drive

Address

Cranford, NJ 07016

City/State and Zip code

dpacyna@qdxpath.com

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

For further information concerning this matter, please call:

Debbie Pacyna

Name of Person

at (866) 909-7284

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. QDx Path Alliance, PC

(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. New Jersey

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

3. 870783035

(FEI number, if applicable)

4. 10/12/2006

(Date of incorporation)

5. _____

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

6. No business has been done in the State of Florida

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

7. 70 Jackson Drive Unit H3, Cranford, NJ 07016

(Principal office address)

46 Jackson Drive, Cranford, NJ 07016

(Current mailing address)

8. Clinical 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: Duane Morris LLP - Attn: Nanette O'Donnell Partner

Office Address: 200 South Biscayne Boulevard Suite 3400

Miami

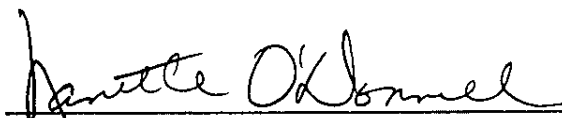
(City)

, Florida 33131-2318

(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.



(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: _____

Vice Chairman: _____

Address: _____

Director: Mohammad N. Qureshi, M.D.,PhD.

Address: 70 Jackson Drive Unit H3

Cranford, NJ 07016

Director: _____

Address: _____

B. OFFICERS

President: Mohammad N. Qureshi, M.D.,PhD.

Address: 70 Jackson Drive Unit H3

Cranford, NJ 07016

Vice President: _____

Address: _____

Secretary: _____

Address: _____

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

The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

14. Mohammad N. Qureshi, M.D., PhD.

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

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CLERK OF SUPERIOR COURT
ALL AMOUNTS PAID IN FULL

STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY
SHORT FORM STANDING

QDX PATHALLIANCE, P.C.

0100967905

With the Previous or Alternate Name

QDX PATHALLIANCE, INC. (Previous Name)

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Professional Corporation was registered by this office on September 8, 2006.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and registered office are:

*Mohammad Nasar Qureshi
46 Jackson Dr
Cranford, NJ 07016*



Certification# 118538341

*IN TESTIMONY WHEREOF, I have
hereunto set my hand and affixed my
Official Seal at Trenton, this
22nd day of October, 2010*

*Andrew P. Sidamon-Eristoff
State Treasurer*

Verify this certificate at
https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp

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TALLAHASSEE, FLORIDA