Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850)222-1092 Fax Number : (850)876-5368

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### FOREIGN PROFIT/NONPROFIT CORPORATION

#### Prost-Data, Inc.

Certificate of Status	Ü
Certified Copy	0
Page Count	06
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Corporate Filing Menu

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## **COVER LETTER**

TO: New Filing S Division of C			
SUBJECT:	·	PROST-DATA, INC.	
	· Name of corpo	ration - must include suffix	
Dear Sir or Madam:			
"Certificate of Existe	cation by Foreign Corporation nce," or "Certificate of Good sign corporation to transact b	n for Authorization to Trans: I Standing" and check are sul usiness in Florida,	act Business in Florida," bmitted to register the
Please return all corre	espondence concerning this r	natter to the following:	
	daue		
•	Nan	ne of Person	
	OUR	dab .	
	Firm	/Company	
	1450	Elm Hill F	ike
*****	, ,	Address	
	Nasi	eville TN 3	7221
	City/St	ate and Zip code	•
· · · · · · · · · · · · · · · · · · ·		@ourlab.com	
	E-mail address: (to be a	ised for future annual report	notification)
For further informatio	n concerning this matter, ple	ase call:	
10400 0	0	مار میار	<b>1</b>
Name of Pers	et (6	15 ) 874 041 ( uros Code & Daytime Teleph	N
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		20,000	
New Filing Se	URIER ADDRESS:	MAILING A New Filing Se	
Division of Co	rporations	Division of Co	
Clifton Buildi		P.O. Box 6327	
Tallahassee, Fl	e Conter Circle L 32301	Tallahassee, F	L 32314
Enclosed is a check for	the following amount:		
570.00 Filing Fee	S78.75 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.

(Enter name of	corporation; must include "INCORPORAT	ED,", "CO	OMPA	NY,	" "¢0	RPORA	TION,			
11th-1 CO., "	Corp," "Inc," "Co," or "Corp.")									
•										
(If name unava	lable in Florida, enter alternate corporate na	me adopt	ed for t	he p	urpose	of trans	acting l	ousines	s in Floric	ía)
Oklahoma		3. 7315	08813							
(State or country	under the law of which it is incorporated)	<u>-</u>	<del></del>		(FEI a	unber, i	fapplica	ible)		
09/27/1996		5. Perpe	etual							
(Dat	e of incorporation)	(Dur	ation:	Yea	ır corp	will cea	ise to é	tīst or <sup>ii</sup>	berberne <sub>l</sub>	")
Upon Qualifica	tion									
	(Date first transacted busine	e in Flori	da if n	rior						
Men El Trul W	(SEE SECTIONS 607.1501 & 60									
1450 Elm Hill P	(SEE SECTIONS 607.1501 & 60 ike, Nashville, TN 37210	7.1502, F							- IA	SEC
	(SEE SECTIONS 607.1501 & 60	7.1502, F							TALLAH/	SECRE
1450 Elm Hill P	(SEE SECTIONS 607.1501 & 60 ike, Nashville, TN 37210	7.1502, F.							TALLAHASSI	SECRE: LET
	(SEE SECTIONS 607.1501 & 60 ike, Nashville, TN 37210  (Principal office of	7.1502, F.							TALLAHASSEE.	SECRE: Justin o
Medical labora	(SEE SECTIONS 607.1501 & 60 ike, Nashville, TN 37210  (Principal office of Current mailing ory pathology services	7.1502, F. uddress)	S., to d	heter	anine j	enalty li	iability)		TALLAHASSEE, FL	SECREILLY OF S
Medical labora	(SEE SECTIONS 607.1501 & 60 ike, Nashville, TN 37210  (Principal office of Courrent mailing)	7.1502, F. uddress)	S., to d	heter	anine j	enalty li	iability)		TALLAHASSEE, FLORIC	SECREMENT OF SIATI
Medical labora (Purpose)	(SEE SECTIONS 607.1501 & 60 ike, Nashville, TN 37210  (Principal office of Current mailing ory pathology services	oldress)	S., to d	pric	ed out i	n state o	iability)		TALLAHASSEE, FLORIDA	SECREMENT OF STATE
Medical labora (Purpose)	(SEE SECTIONS 607.1501 & 60 ike, Nashville, TN 37210  (Principal office of Current mailing ory pathology services s) of corporation authorized in home state of	oldress)	S., to d	pric	ed out i	n state o	iability)		TALLAHARSEE, FLORIDA	SECREMENT OF STATE
Medical laboration (Purpose) Name and stree	(SEE SECTIONS 607.1501 & 60 ike, Nashville, TN 37210  (Principal office of the company pathology services of organized in home state of the address of Florida registered agent: (	oldress)	S., to d	pric	ed out i	n state o	iability)		TALLAHASSEE, FLORIDA	SECREMENT OF STATE
Medical labora  (Purpose)  Name and stre	(SEE SECTIONS 607.1501 & 60 ike, Nashville, TN 37210  (Principal office of Courrent mailing only pathology services of occupantion authorized in home state of the address of Florida registered agent: (CT Corporation System	address)  country  P.O. Box	S., to d	arrie `acc	ed out i	n state o	iability)		TALLAHARSEE, FLORIDA	SECREMENT OF STATE

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.

CT Constitution System Chris McNe J. P. Assistant Secretary

Exercise agent's stepatore Stant Secretary

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.



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

10 DEC -3 AH II: 35

A. DIRECTORS SEE ATTACHMENT	SECRETARY OF STATE
Chairman:	TALLAHASSEE. FLORIDA
•	
Vice Chairman:	
Address:	
B. OFFICERS	
President: Jonathan Oppenheimer	
Address: 1450 Elm Hill Pike	
Nashville, TN 37210	
Vice President:	<u> </u>
Address:	
Secretary:	
Address:	
Treasurer:	
Address:	
	the application listing additional officers and/or directors.
13,	
The officer or director signing this document (and who	f Director or Officer is listed in number 12 above) affirms that the facts stated herein in submitted in a document to the Department of State constitutes a
14. Jonatha	n Oppenheimer, President
(Typed or printed name and ca	pacity of person signing application)



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SECRETARY OF STATE TALLAHASSEE, FLORIDA

# Attachment to Florida Officers & Directors

Full Name:

Jonathan Oppenheimer

Officer/Director:

Director

Officer's Title:

Director

Director's Title:

121100001

Business Address:

1450 Elm Hill Pike

City:

Nashville

State:

1N

ZIP Code:

37210

APPROVED AND FILED

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SECRETARY OF STATE TALLAHASSEE FLORIDA



# CERTIFICATE OF GOOD STANDING DOMESTIC FOR PROFIT BUSINESS CORPORATION

I, THE UNDERSIGNED, Secretary of State of the State of Oklahoma, do hereby certify that I am, by the laws of said state, the custodian of the records of the state of Oklahoma relating to the right of certain business entities to transact business in this state and am the proper officer to execute this certificate.

I FURTHER CERTIFY that <u>PROST-DATA</u>. INC. whose registered agent is <u>LAYTON PERRY</u>, with its registered office at <u>4117 NW 122ND ST STE B</u> <u>OKLAHOMA CITY 73120 USA</u> Oklahoma is a <u>Domestic For Profit Business</u> <u>Corporation</u> duly organized and existing under and by virtue of the laws of the state of Oklahoma and is in good standing according to the records of this office. This certificate is not to be construed as an endorsement, recommendation or notice of approval of the entity's financial condition or business activities and practices. Such information is not available from this office.



IN TESTIMONY WHEREOF, I hereunto set my hand and affixed the Great Seal of the State of Oklahoma, done at the City of Oklahoma City, this <u>6th</u>, day of <u>October</u>, 2010.

Secretary Of State