Division of Corporations Electronic Filing Cover Sheet

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(((H120000649043)))



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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

: (850)222~1092

Phone 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. **

	Address:			
15MB.1.L	ADDIERS:			

REGISTERED AGENT CHANGE CLARIENT DIAGNOSTIC SERVICES, INC.

Certificate of Status	0
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Help



COVER LETTER

TO: Amendment Section Division of Corpora	n ations
SUBJECT:	CLARIENT DIAGNOSTIC SERVICES, INC.
	Name of Corporation
DOCUMENT NUMBER:	F1100000368
The enclosed Statement of (Change of Registered Office/Agent and fee are submitted for filing.
Please return all correspond	ence concerning this matter to the following:
	Heather Pyfe
· 	Name of Contact Person
	GE
<u>*</u>	Firm/Company
	12 CORPORATE WOODS BLVD.
	Address
	ALBANY, NY 12211
	City/State and Zip Code
B-mail a	ddress: (to be used for future annual report notification)
For further information conc	erning this matter, please call:
	at()
Name of Con	tact Person Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check n	nade payable to the Department of State,

Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

CR2E045 (8/05)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of c	hange is submitted for a co	rporation organi	, 607.1508, or 617.1508, Flued under the laws of the Sta	ne of DELAWA		
1. The name of	f the corporation: CLARIER	NT DIAGNOSTIC	ed agent, or both, in the Sto.	te of Pioriaa.		·
2. The principa	al office address: 31 COLU	mbia, altso. V	71EJO, CA 92656			
3. The mailing	address (if different):					
4. Date of inco	P1100000	F11000000368				
	nd street address of the our artment of State: (If resigns		ent and registered office on f	ile with the		
	NRAI SERVICES, INC.					
	2731 EXECUTIVE PARI	DRIVE, SUITE	4			12 K
	WESTON, FL 33331				至 李芸	大路と
6. The name an (if changed):		registered agent	(if changed) and /or registere	ed office		温を
	C T Corporation System					453
	c/o C T Corporation Syste				Die.	CC.
	Name to 1999 4	P.O. Box NOT a	cospiable			
	Plantation, Florida 33324					
•			dress of the business office			
Such change w authorized by the	as authorized by resolution he board, or the corporation	n duly adopted b on has been notif	y its board of directors or b led in writing of the change	y an officer so		
Amm	Cellent Padirector		Ann-Mune Mc (Mugot	4 Server	Tex Mgi	V
		tered agent and c ions of all statute agent the obliga a change in the r of this change.	igree to act in this capacity is relative to the proper and illon of my position as reek egistered office address, 1) I complete perfo stered agent, O hcreby confirm i	ormance r, if this that the	
BY ///ST	Corporation by word ()	NOW	~~//. /_	12		
-	half of an entity:	gari asgistar Acari asgistar	MTA-GRAY NT DECRETAIN			
1)	ped or Printed Name	The state of the s	And the second of the second o			
	**:	FILING FEE:	\$35.00 * * *			
MA	Make Checks pay all to: Division of Core	Vable to Flord Orations, P.O.	DA DEPARTMENT OF STATE BOX 6327, TAILAHASSEE,	! FL 32314		

··· CR2E045 (8/05)