

**F 11000001351**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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**To:**

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) 878-5368

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

**Email Address:** \_\_\_\_\_

**FOREIGN PROFIT/NONPROFIT CORPORATION**

**Mobile Biopsy, Inc.**

Certificate of Status	1
Certified Copy	0
Page Count	06
Estimated Charge	\$1,178.75

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11 MAR 29 PM 4:29  
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2011 MAR 29 PM 12:22

*3/30/11*

## COVER LETTER

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

**SUBJECT:** Mobile Biopsy, 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:

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

\_\_\_\_\_  
Address

\_\_\_\_\_  
City/State and Zip code

grobinson@mobilebiopsy.com

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

For further information concerning this matter, please call:

\_\_\_\_\_  
Name of Person

at (\_\_\_\_\_) \_\_\_\_\_

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. Mobile Blospy, Inc.

(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. North Carolina

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

3. 56-2047324

(FBI number, if applicable)

4. 02/07/2007

(Date of incorporation)

5. Perpetual

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

6. 02/07/2007

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

7. 164 Baymount Drive, Statesville, NC 28625

(Principal office address)

same

(Current mailing address)

8. Health service

(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: CT Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324

(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 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 Corporation System

Ternell Kearney Asst. Secretary

By: 

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

A. DIRECTORS SEE ATTACHMENT

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Chairman: Gary T. Robinson

Address: 164 Baymount Drive

Statesville, NC 28625

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

B. OFFICERS SEE ATTACHMENT

President: Ken L. Hoglund

Address: 164 Baymount Drive

Statesville, NC 28625

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_

Secretary: Rose A. Robinson

Address: 164 Baymount Drive, Statesville, NC 28625

Treasurer: Rose A. Robinson

Address: 164 Baymount Drive, Statesville, NC 28625

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

13. \_\_\_\_\_

Signature of Director or Officer

3/25/11

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. \_\_\_\_\_

Gary T. Robinson, CEO

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

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**Attachment to Florida  
Officers & Directors**

- |   |                   |                    |
|---|-------------------|--------------------|
| 1 | Full Name:        | Gary T. Robinson   |
|   | Officer/Director: | Officer, Director  |
|   | Officer's Title:  | CEO                |
|   | Director's Title: | Chairman           |
|   | Business Address: | 164 Baymount Drive |
|   | City:             | Statesville        |
|   | State:            | NC                 |
|   | ZIP Code:         | 28625              |
| 2 | Full Name:        | Ken L. Hoglund     |
|   | Officer/Director: | Officer, Director  |
|   | Officer's Title:  | President          |
|   | Director's Title: | Director           |
|   | Business Address: | 164 Baymount Drive |
|   | City:             | Statesville        |
|   | State:            | NC                 |
|   | ZIP Code:         | 28625              |
| 3 | Full Name:        | Rose A. Robinson   |
|   | Officer/Director: | Officer, Director  |
|   | Officer's Title:  | Secretary          |
|   | Director's Title: | Director           |
|   | Business Address: | 164 Baymount Drive |
|   | City:             | Statesville        |
|   | State:            | NC                 |
|   | ZIP Code:         | 28625              |



# NORTH CAROLINA

## Department of The Secretary of State

### CERTIFICATE OF EXISTENCE

I, Elaine F. Marshall, Secretary of State of the State of North Carolina, do hereby certify that

#### MOBILE BIOPSY, INC.

is a corporation duly incorporated under the laws of the State of North Carolina, having been incorporated on the 7th day of February, 2007, with its period of duration being Perpetual.

I FURTHER certify that, as of the date set forth hereunder, the said corporation's articles of incorporation are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said corporation is not administratively dissolved for failure to comply with the provisions of the North Carolina Business Corporation Act; that its most recent annual report required by N.C.G.S. 55-16-22 has been delivered to the Secretary of State; and that the said corporation has not filed articles of dissolution as of the date of this certificate.

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SECRETARY OF STATE  
DIVISION OF CORPORATION



IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 28th day of March, 2011.

*Elaine F. Marshall*

Secretary of State