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**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) 878-5388

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TALLAHASSEE, FLORIDA

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

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FOREIGN PROFIT/NONPROFIT CORPORATION

Strata Pathology Services, Inc.

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$70.00

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TALLAHASSEE, FLORIDA

K 05/31/11

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Strata Pathology Services, 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:

Karen Steponaitis

Name of Person

Strata Pathology Services, Inc.

Firm/Company

One Cranberry Hill

Address

Lexington, Ohio 44114

City/State and Zip code

ksteponaitis@pathsrv.com

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

For further information concerning this matter, please call:

Mary Graham

Name of Person

at (216) 348-5461

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. STRATA PATHOLOGY SERVICES, 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. MASSACHUSETTS

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

3. 20-2879668

(FEI number, if applicable)

4. 05/17/2005

(Date of incorporation)

5. PERPETUAL

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

6.

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

7. 1 CRANBERRY HILL, SUITE 303, LEXINGTON, MA 02421

(Principal office address)

1 CRANBERRY HILL, SUITE 303, LEXINGTON, MA 02421

(Current mailing address)

8. PROVIDING LABORATORY SERVICES

(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

(City)

Florida 33324

(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

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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PL019 - 03/01/2011 CT System Online

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SECOND JURY UNIT
TALLAHASSEE, FLORIDA

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

A. DIRECTORS

Director:

~~XXXXXXXX~~ Mark Zuckerman, M.D.

Address: 1 Cranberry Hill, Suite 303, Lexington, MA 02421

Director:

~~XXXXXXXX~~ Robin Kirby, M.D.

Address: 1 Cranberry Hill, Suite 303, Lexington, MA 02421

Director: May Azar, M.D.

Address: 1 Cranberry Hill, Suite 303, Lexington, MA 02421

Director: Gene Albert Mercado

Address: 1 Cranberry Hill, Suite 303, Lexington, MA 02421

B. OFFICERS

President: Mark Zuckerman, M.D.

Address: 1 Cranberry Hill, Suite 303, Lexington, MA 02421

Vice President:

Address:

Secretary: Robin Kirby, M.D.

Address: 1 Cranberry Hill, Suite 303, Lexington, MA 02421

Treasurer: May Azar, M.D.

Address: 1 Cranberry Hill, Suite 303, Lexington, MA 02421

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. MAY AZAR, M.D., Treasurer

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



William Francis Galvin
Secretary of the
Commonwealth

The Commonwealth of Massachusetts
Secretary of the Commonwealth
State House, Boston, Massachusetts 02133

Date: May 25, 2011

To Whom It May Concern :

I hereby certify that according to the records of this office,

STRATA PATHOLOGY SERVICES, INC.

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OFFICE OF THE SECRETARY OF STATE
TALLAHASSEE, FLORIDA

is a domestic corporation organized on **May 17, 2005** , under the General Laws of the Commonwealth of Massachusetts. I further certify that there are no proceedings presently pending under the Massachusetts General Laws Chapter 156D section 14.21 for said corporation's dissolution; that articles of dissolution have not been filed by said corporation; that, said corporation has filed all annual reports, and paid all fees with respect to such reports, and so far as appears of record said corporation has legal existence and is in good standing with this office.



In testimony of which,
I have hereunto affixed the
Great Seal of the Commonwealth
on the date first above written.

William Francis Galvin

Secretary of the Commonwealth

Certificate Number: 11053277950

Verify this Certificate at: <http://corp.sec.state.ma.us/corp/Certificates/Verify.asp>

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