

F110000003448

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

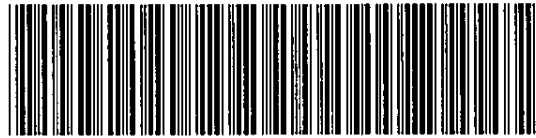
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200257133122

RECEIVED
DEPARTMENT OF STATE
14 APR - 3 05 1:53

NC

APR 04 2014

R. WHITE



CORPORATION SERVICE COMPANY'

ACCOUNT NO. : I20000000195

REFERENCE :

AUTHORIZATION :

COST LIMIT : \$ 35.00

[Handwritten signature]

ORDER DATE :

ORDER TIME : 1:0 PM

ORDER NO. : -005

CUSTOMER NO:

FOREIGN FILINGS

NAME: DIAGNOSTIC PATHOLOGY SERVICES,
P.C.

XX CORPORATE
 LIMITED PARTNERSHIP
 LIMITED LIABILITY COMPANY

XXXX AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight -- EXT# 52956

EXAMINER: _____

PROFIT CORPORATION
APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO
APPLICATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA
(Pursuant to s. 607.1504, F.S.)

SECTION I
(1-3 MUST BE COMPLETED)

F11000003448

(Document number of corporation (if known))

1. Diagnostic Pathology Services, P.C.

(Name of corporation as it appears on the records of the Department of State)

2. Oklahoma

(Incorporated under laws of)

3. 8/25/2011

(Date authorized to do business in Florida)

SECTION II
(4-7 COMPLETE ONLY THE APPLICABLE CHANGES)

4. If the amendment changes the name of the corporation, when was the change effected under the laws of its jurisdiction of incorporation? March 31, 2014

5. Diagnostic Pathology Services, Inc.

(Name of corporation after the amendment, adding suffix "corporation," "company," or "incorporated," or appropriate abbreviation, if not contained in new name of the corporation)

(If new name is unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

6. If the amendment changes the period of duration, indicate new period of duration.

(New duration)

7. If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction.

(New jurisdiction)

8. Attached is a certificate or document of similar import, evidencing the amendment, authenticated not more than 90 days prior to delivery of the application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the laws of which it is incorporated.

William J. O'Shaughnessy, Jr.
(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

William J. O'Shaughnessy, Jr.

(Typed or printed name of person signing)

Secretary

(Title of person signing)

FILED
14 APR -3 PM 9:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Diagnostic Pathology Services, P.C.

Name of Corporation

DOCUMENT NUMBER: F11000003448

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Gary Sherman

Name of Contact Person

Corporation Service Company

Firm/Company

1180 Avenue of the Americas, Suite 210

Address

New York, NY 10036

City/State and Zip Code

dawn.m.leahy@questdiagnostics.com

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

For further information concerning this matter, please call:

Dawn M. Leahy

at (973) 520-2187

Name of Contact Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:



\$35.00 Filing Fee



\$43.75 Filing Fee &
Certificate of Status



\$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed)



\$52.50 Filing Fee,
Certificate of Status &
Certified Copy
(Additional copy is
enclosed)

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

OFFICE OF THE SECRETARY OF STATE



CERTIFICATE OF NAME CHANGE

I THE UNDERSIGNED, Secretary 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 corporations to transact business in this state and am the proper officer to execute this certificate.

I FURTHER CERTIFY that an Amended Certificate of Incorporation was filed in this office on March 31, 2014, by DIAGNOSTIC PATHOLOGY SERVICES, P.C. which amended the corporate name to:

DIAGNOSTIC PATHOLOGY SERVICES, INC.



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 3rd day of April, 2014.

A handwritten signature in cursive script, reading "Chris Benz", is written over a horizontal line.

Secretary Of State