

F11000004776

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

11 NOV 29 AM 10:11

APPROVED  
AND  
FILED

## COVER LETTER

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

**SUBJECT:** NATIONAL MEDICAL 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:

ANDREW C. NOLAN

Name of Person

NATIONAL MEDICAL SERVICES, INC.

Firm/Company

3701 WELSH ROAD

Address

WILLOW GROVE, PA 19090

City/State and Zip code

andrew.nolan@nmslabs.com

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

For further information concerning this matter, please call:

ANDREW C. NOLAN

Name of Person

at ( 215 ) 366-1254

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. NATIONAL MEDICAL SERVICES, INC.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

NMS LABS, Inc.

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

2. PENNSYLVANIA

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

3. 23-1731658

(FEI number, if applicable)

4. 11/4/1970

(Date of incorporation)

5. PERPETUAL

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

6. JANUARY 1, 2011

(Date first transacted business in Florida, if prior to registration)

(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 3701 WELSH ROAD, WILLOW GROVE, PA 19090

(Principal office address)

3701 WELSH ROAD, WILLOW GROVE, PA, 19090

(Current mailing address)

8. RENEW CLINICAL LABORATORY LICENSE FOR AHCA

(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: INCORP SERVICES, INC.

Office Address: 17888 67TH COURT NORTH

LOXAHATCHEE

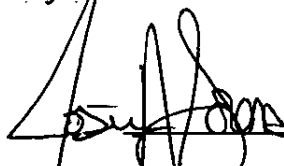
(City)

, Florida 33470

(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.*

 on behalf of Incorp Services, Inc.  
(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.

11 NOV 28 AM 10:11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MAILED  
NOV 28 2011

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

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AND  
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**A. DIRECTORS**

Chairman: MICHAEL F. RIEDERS

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Address: 3701 WELSH ROAD, WILLOW GROVE, PA, 19090

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

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

Director: ERIC F. RIEDERS

Address: 3701 WELSH ROAD, WILLOW GROVE, PA, 19090

Director: MARIAN RIEDERS

Address: 3701 WELSH ROAD, WILLOW GROVE, PA, 19090

**B. OFFICERS**

President: ERIC F. RIEDERS

Address: 3701 WELSH ROAD, WILLOW GROVE, PA, 19090

Vice President: JAMES G. MURPHY

Address: 3701 WELSH ROAD, WILLOW GROVE, PA, 19090

Secretary: MICHAEL F. RIEDERS

Address: 3701 WELSH ROAD, WILLOW GROVE, PA, 19090

Treasurer: MICHAEL F. RIEDERS

Address: 3701 WELSH ROAD, WILLOW GROVE, PA, 19090

**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. JAMES G. MURPHY- VICE PRESIDENT

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

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF STATE

NOVEMBER 21, 2011

RECEIVED  
AND  
FILED  
11 NOV 28 AM 10: 11  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

**NATIONAL MEDICAL SERVICES, INC.**

is duly incorporated as a Pennsylvania Corporation under the laws of the Commonwealth of Pennsylvania and remains a subsisting corporation so far as the records of this office show, as of the date herein.

I DO FURTHER CERTIFY THAT, This Subsistence Certificate shall not imply that all fees, taxes, and penalties owed to the Commonwealth of Pennsylvania are paid.



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written.

A handwritten signature in cursive script, appearing to read "Carol Aichele".

Secretary of the Commonwealth