

F/2000000398

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

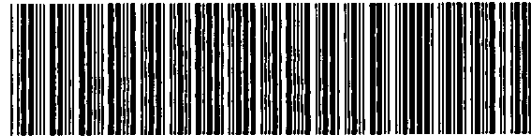
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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FILED  
12 JAN 27 PM 2:08  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

W11-58473

K 01/30/12



**FLORIDA DEPARTMENT OF STATE**  
Division of Corporations

RECEIVED  
12 JAN 27  
12 JAN 27, AM 11:34  
SECRETARY  
TALLAHASSEE  
TALLAHASSEE, FLORIDA

November 17, 2011

BARBARA JURYSTA  
28 SOUTH TERMINAL DRIVE  
PLAINVIEW, NY 11803

SUBJECT: ACUPATH LABORATORIES, INC.  
Ref. Number: W11000058473

We have received your document for ACUPATH LABORATORIES, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The entity's date of incorporation/organization must be listed in the document.

The entity's period of duration must be listed on the application. Please insert the word "perpetual", if a specific date of dissolution or term of existence has not been specified.

Florida law requires any business entity serving in the capacity of a registered agent to have an active registration or filing on our records.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6949.

Thomas Chang  
Regulatory Specialist II  
New Filing Section

Letter Number: 911A00026128

## COVER LETTER

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

**SUBJECT:** Acupath Laboratories, 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:

Barbara Jurysta, CEO

Name of Person

Acupath Laboratories, Inc.

Firm/Company

28 South Terminal Drive

Address

Plainview, NY 11803

City/State and Zip code

kmccoy@acupath.com, bjurysta@acupath.com, dcorpion@acupath.com

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

For further information concerning this matter, please call:

Karen M. McCoy

Name of Person

at ( 631 ) 766-2021

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. Acupath Laboratories, 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. New York 3. 11-3272376  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. May 31, 1995 5. perpetual  
(Date of incorporation) (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. 28 South Terminal Drive - Plainview, NY 11803  
(Principal office address)

28 South Terminal Drive - Plainview, NY 11803  
(Current mailing address)

8. to process specimens sent to lab by FL-based doctors, and  
to submit claims for payment to FL insurance carriers  
(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: NRAI Services, Inc.

Office Address: 515 East Park Avenue

Tallahassee, Florida 32301  
(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.*

NRAI Services, Inc.  
X by: Chris Eubanks Christian Eubanks, Assistant Secretary  
(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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SECRETARY OF STATE

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

**A. DIRECTORS**

Chairman: Barbara Jurysta

Address: 28 South Terminal Drive - Plainview, NY 11803

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

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

Director: George M. Hollenberg, M.D., Medical Director

Address: 28 South Terminal Drive - Plainview, NY 11803

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

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

**B. OFFICERS**

President: Barbara Jurysta

Address: 28 South Terminal Drive - Plainview, NY 11803

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

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

Secretary: \_\_\_\_\_

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

Treasurer: \_\_\_\_\_

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

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

13. X Barbara Jurysta  
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. Barbara Jurysta, CEO

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

12 JAN 27 PM 2:08  
SECRETARY OF STATE  
ALLAN ROSE, F. J. ORR

**State of New York**  
**Department of State** } ss:

I hereby certify, that the Certificate of Incorporation of ACUPATH LABORATORIES, INC. was filed on 05/31/1995, under the name of SKIN PATH INC., with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is an existing corporation.

A Certificate of Amendment SKIN PATH INC., changing its name to ACUPATH LABORATORIES, INC., was filed 07/09/1997.



FILED  
12 JAN 27 PM 2:08  
SECRETARY OF STATE  
ALBANY, NEW YORK

\*\*\*

*WITNESS my hand and the official seal  
of the Department of State at the City of  
Albany, this 17th day of October two  
thousand and eleven.*

A handwritten signature in black ink, appearing to read "Neil A. ...", is written over a faint circular outline.

*First Deputy Secretary of State*