Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H12000094541 3)))

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Division of Corporations

Fax Number : (850) 617-6381

From:

Account Name : CORPORATION SERVICE COMPANY

Account Number: 120000000195 Phone: (850)521-0821 (850) 558-1515 Fax Number

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

Email Address:_

FOREIGN PROFIT/NONPROFIT CORPORATION NATIONAL REFERENCE LABORATORY FOR BREAST HEALTH, INC

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

Electronic Filing Menu

Corporate Filing Menu

Help

COVER LETTER

TO: New Filing Section Division of Corporations				
SUBJECT: National Reference	Laboratory for Breast Health, Inc.			
	orporation - must include suffix			
Dear Sir or Madam:				
The enclosed "Application by Foreign Corpo "Certificate of Existence," or "Certificate of Cabove referenced foreign corporation to trans-	ration for Authorization to Transact Business in Florida," Good Standing" and check are submitted to register the act business in Florida.			
Please return all correspondence concerning t	his matter to the following:			
Cheryl Schaaf				
	Name of Person			
National Reference Laborato	ry for Breast Health, Inc.			
	Firm/Company			
1124 Columbia Street; #621				
	Address			
Seattle, WA 98104				
Ci	ty/State and Zip code			
cheryl.schaaf@atossagenetics.co	m			
	be used for future annual report notification)			
For further information concerning this matter	, please call:			
Cheryl Schaaf	206) 420-5561			
Name of Person 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 Sta	* & \$78.75 Filing Fee & \$87.50 Filing Fee, tus Certified Copy 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.

(Enter name of	erence Laboratory for Breast Healt corporation; must include "INCORPOR		"COMPANY," "CORPORATION,"		
"Inc.," "Co.," "C	Corp," "Inc," "Co," or "Corp.")				
(If name unavail	able in Florida enter alternate cornerate	nome o	dopted for the purpose of transacting bus	ringue in Elemida)	
	able in Florida, enter alternate corporate			siness in Florida)	
2. Delaware			30-0708178		
(State or country	under the law of which it is incorporate	d)	(FEI number, if applicable	e)	
4. November 2		5.]	perpetual		
(Date	of incorporation)		(Duration: Year corp. will cease to exist	or "perpetual")	
6					
			Florida, if prior to registration) 2, F.S., to determine penalty liability)		
7. 1124 Colur	nbia Street; #621, Seattle	. WA	98104	v	
	(Principal offi	ce addre	ss)	25 N	
4105 E. M	adison Street; #320, Sea	attle, '	WA 98112		
	(Current maili	ng addre	ss)	- F	Ţ
				3 5 F	
8. medical la		·		6 5	7
(Purpose(s) of corporation authorized in home stat	e or cou	ntry to be carried out in state of Florida)	五年 二	ブ
9. Name and stree	et address of Florida registered agent	: (P.O.	Box NOT acceptable)	7	
Name:	Corporation Service Cor	npany	<u></u>		
Office Address:	1201 Hays Street				
	Tallahassee		Florida 32301		
	(City)		, Florida 32301 (Zip code)		
IC Perietored as	ent's acceptance:				
		service	of process for the above stated corp	oration at the place	2
lesignated in this	application, I hereby accept the app	ointme	nt as registered agent and agree to a	ect in this capacity.	I
urther agree to co	omply with the provisions of all stat with and accept the obligations of i	utes reli	ative to the proper and complete per	formance of my du	ties,
ina i um jumusus	wan ana accept the obligations of t	пу рози	wn as registerea agent.		
	Slephanie Milnee !	Sicultanic	K. Milioes		
	SAR.	lséeni Vic	i Spekiari		
	(100		re in the season of the season		

^{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.

FILED

12. Names and business addresses of officers and/or directors:	10 100 10 00 1-01		
A. DIRECTORS	12 APR 10 PM 1: 21		
Chairman: Steven C. Quay	STORE TANY OF STATE		
Address: 4105 E. Madison Street; #320, Seattle, WA 98112	Commence of the control of the control of		
Vice Chairman: John Barnhart			
Address: 4105 E. Madison Street; #320, Seattle, WA 98112			
Director:			
Address:			
Address.			
Director:			
Address:			
B. OFFICERS President: Steven C. Quay			
Address: 4105 E. Madison Street; #320, Seattle, WA 98112			
Vice President: John Barnhart			
Address: 4105 E. Madison Street; #320, Seattle, WA 98112			
John Domhod			
Secretary: John Barnhart			
Address: 4105 E. Madison Street; #320, Seattle, WA 98112			
Treasurer: Steven C. Quay			
Address: 4105 E. Madison Street; #320, Seattle, WA 98112			
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) at are true and that he or she is aware that false information submitted in a document to the third degree felony as provided for in s.817.155, F.S.	firms that the facts stated herein e Department of State constitutes a		
14. Steven C Quay LID CED Pres	ident		

Delaware PILED PAGE TO PM 1: 21

The First State

SECRETARY OF STATE.

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "NATIONAL REFERENCE LABORATORY FOR BREAST HEALTH, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TENTH DAY OF APRIL, A.D. 2012.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "NATIONAL REFERENCE LABORATORY FOR BREAST HEALTH, INC." WAS INCORPORATED ON THE TWENTY-EIGHTH DAY OF NOVEMBER, A.D. 2011.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

8300

CATION: 9492378

DATE: 04-10-12

may verify this certificate online corp.delaware.gov/authver.shtml