6/11/2014 9:47:15 From: To: 8506176384

1 of 2 pages

(2/2)

APPROVED AND FILED

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CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F12000001688

1. Corporation Name

SILVERSTAFF CLINICAL LABORATORIES, INC.

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
201 Jordan Road	201 Jordan Road
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Suite 100	Suite 100
City & State	City & State
Franklin, TN	Franklin, TN
Zip / Country	Zip / Country
37067 / USA	37067 / USA

CR2E081 (11/10)

4. Date Incorporated or Qualified To Do Business In Florida
04/19/2012

5. FEI Number
45-3062769

Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED — $5.00 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
CT Corporation System

Street Address (P.O. Box Numbers Not Acceptable)
1200 SOUTH PINE ISLAND RD

Suite, Apt. #, etc.

City / State / Zip code
PLANTATION / FL / 33324

8. I being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent _____ Date 6/10/14

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
CEO	James West	1200 Taggartwood Road	Brentwood, TN 37027
COO	Jimmy Kendrick	103 Rue de Grande	Brentwood, TN 37027
BM	Greg Stelzer	2917 Paper Mill Bridge Road	Thompson Station, TN 37139
BM	Sandler Passman	12001 Foxlawn Court	Richmond, VA 23233

10. E-mail Address: jkendrick@silverstaff.com
(To be used for future annual report notification)

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., and that all fees owed by the corporation have been paid. I further certify the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath; I am 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.

SIGNATURE: James L. Kendrick James L. Kendrick 6/10/2014 6155505980

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

2 of 2 page

6/11/2014 9:47:15 From: To: 8506176384 (1/2)

Division of Corporations

Page 1 of 1

Florida Department of State

Division of Corporations

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Division of Corporations
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Phone : (850)222-1092
Fax Number : (850)878-5368

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CORPORATION REINSTATEMENT
SILVERSTAFF CLINICAL LABORATORIES, INC.

Certificate of Status	0
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