Division of Corporations



Division of Corporations Electronic Filing Cover Sheet

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(((H12000145198 3)))



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To:

Division of Corporations Fax Number : (850)617-6381

From:

Account Name : C T CORPORATION

Account Number : FCA000000023

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

**Enter the email address for this business entity to be used for future

annual report mailings. Enter only one email address please. **

FOREIGN PROFIT/NONPROFIT CORPORATION

TriCore Reference Laboratories, Corporation

	<u> </u>
Certificate of Status	1
Certified Copy	0
Page Count	06
Estimated Charge	\$78.75

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Electronic Filing Menu

Corporate Filing Menu

Help

https://efile.sunbiz.org/scripts/efilcovr.exe

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CT CORPORATION

41:91 7102/40/90



June 5, 2012

FLORIDA DEPARTMENT OF STATE
Division of Corporations

C T CORPORATION SYSTEM

SUBJECT: TRICORE REFERENCE LABORATORIES, CORPORATION

REF: W12000030708

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

According to the application submitted to this office, this entity transacted business in the state of Florida before properly registering with the Florida Department of State, Division of Corporations. Consequently, a \$500 civil penalty and an annual report filing fee for each year the entity failed to properly file a Florida annual report are due this office. Based on the date entered on the application, the civil penalty and annual report filing fees total \$806.25.

If you have any further questions concerning your document, please call (850) 245-6052.

Claretha Golden Regulatory Specialist II New Filing Section

FAX Aud. #: B12000145198 Letter Number: 312A00015924

P.O BOX 6327 - Tallahassee, Florida 32314

COVER LETTER

TO:	New Filing Sec Division of Cor						
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SUBJ	ECT:	Name of Corporati			-		
Deor S	ir or Madam:						
"Certif	icate of Existence		anding" and		tion to Conduct its Affairs in Fl nitted to register the above refer		
Please	return all correspo	ondence concerning this ma	tter to the fo	flowing:			
			Tanya Sisn	eros			
	•		Name of P	erson	<del> </del>		
		TriCore Ref	erence Labora	tories, Corporati	on		
	-		Firm/Com	pany	·		
		•					_e_
	•	Attu	n: Legal & Ris	ik Services		73	हिंदू देखे स्था
1001 Woodward Place NB						E	50 July
Address					-7		
A.D				τņ	ر ک ^{ین} دی از چ		
	•		lbuquerque, N ty/State and			<u>~~~</u>	377 **** ******************************
					•	Pří 12: 05	
	F-mo	legal@t il address: (to be used for t	ricore.org	report notificat	ion	ស	
For fiv		oncerning this matter, plea		roport notificat	1011)		
10114	COOL TOTOLIMATOR C	concerning this matter, pick	oc carr.				
	Tanya S	isneros at (	( 505 )		8-8970		
	Name of		Area Code	& Daytime Te	cphone Number		
	MAILING ADI				URIER ADDRESS:		
New Filing Section Division of Corporations		New Filing Section Division of Corporations					
	P.O. Box 6327 Tallahassee, FL	37314		Clifton Buildi	ng /e Center Circle		
	I dilanasso, FL	32314		Tallahassee, F			
Enclos	ed is a check for t	he following amount:					
<b>\$7</b>	0.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status		Filing Fee & d Copy	S87.50 Filing Fee, Certificate of Status & Certified Copy		

FL037 - 09/03/2009 C T System Online

# APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN FLORIDA

IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN THE STATE OF FLORIDA:

1.		TriCore Reference La			
(Name of corporation in the name at p	ration: must include t age as will clearly ind resent. "Company" or	he word "INCORPORAT! licate that it is a corporation r "Co." may not be used as	D" or "CORPOR n instead of a natu a corporate suffix	ATION [®] or words or abbrevial ral person or partnership if not by a nonprofit corporation.)	ions of like so contained
2	New Mexico	, 3.		85-0444170	
(State or cou	ntry under the law of	which it is incorporated)	(F	85-0444170 El number, if applicable)	<del></del>
4.	June 4, 1996	5.		perpetual corp, will cease to exist or "pe	
(I)	late of Incorporation)	<del> </del>	(Duration: Year	corp, will cease to exist or "pe	orpėtual")
б.		August 1	, 2007	& 617.1502, P.S. to determine p	
(Date first cond	icted affairs in Florida	if prior to registration. See	sections 617.1501	& 617.1502, P.S. to determine p	enalty liability.)
7	1001	Woodward Place NE, Alb	uquerque, New M	ехіоо 87102	
··	<u></u>	(Principal o	ffice address)	· · · · · · · · · · · · · · · · · · ·	<del></del>
		Same as	abovė		
			nailing address)		
		,			
Q	Provide clin	ical and anatomical pathol	ogy laboratory co	asultation services.	
(Purpose(s) of	corporation authorize	d in home state or country	to be carried out i	n the state of Florida)	<del></del>
					<b>₹</b>
9. Name and <u>am</u>	Set address of Profit	la registered agent: (P.O	. DOX NOT acco	spusoie)	AVISIBA 12 JUN
Name:	C T Corporation Sys	stem			三 三
Name:	O i Corporado Dy		<del></del> ·		
Office Address:	1200 South Pine Isla	and Road			<b></b>
			<del></del>		PH 12: 05
	Plantation,		_, Florida	33324 (Zip Code)	
		(City)		(Zip Code)	S
10. Registered	l agent's acceptanc	æ:			11.
Havine been na	med as registered a	reent and to accept serv	ice of process fo	r the above stated corporat	ion at the place
further agree to	comply with the pr	rovisions of all statutes i	relative to the ni	ed agent and agree to act in oper and complete perform	ance of my duties,
and I am famili	ar with and accept	the obligations of my p	sition as registe	ered agent.	
	C T Cor	rporation System		4 1 Ö	
В	y;	Congre Bu	an	(OUUS PILLOU	
		(Registered	gent's signature)	Connie Bryan Assistant Secreta	<b>yr</b> ç
11. Attached is	a certificate of exis	tence duly authenticated	, not more than	90 days prior to delivery of	this application to
the Departm jurisdiction	ient of State, by the under the law of w	e Secretary of State or of hich it is incorporated.	her official havi	ng custody of corporate reco	ards in the

PL037 - 9903/2009 C'F System Online

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

#### A. DIRECTORS

Chairman:	_
Address:	
Vice Chairman:	
Address:	
·	
Director:	_
Address:	
	_
Director:	
	~
Address:	<del></del>
n company	
B. OFFICERS  President: Jessie L. Salk	. 9
1001 Wandward Place VII	
Address: Albuquerque, NM 87102	
Vice President:  David Jenkins  1001 Woodnerd Place NE	2 - 12 · 12
Address: 1001 Woodward Flace 195	5
Albuquerque, NM 87102	<u> </u>
Secretary: Dorothy R. Ennis	4's y 
Address: 1001 Woodward Place NE, Albuquerque, NM 87102	<del></del>
Treasurer: Dorothy R. Ennis	<del></del>
Address: 1001 Woodward Place NE, Albuquerque, NM 87102	
$\cdot$	
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.	
13. (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)	
Jessie L. Salk, President/CEO	
(Typed or printed name and capacity of person signing application)	

PC.037 - 09/03/2009 C T #ysiera Distina



## **NEW MEXICO PUBLIC REGULATION COMMISSION**

# Certificate of Good Standing and Compliance

IT IS HEREBY CERTIFIED THAT:

### TRICORE REFERENCE LABORATORIES 1799535

A corporation organized under the laws of New Mexico is duly authorized to transact business in ² New Mexico, as a Domestic NonProfit Corporation, under the

Nonprofit Corporation Act

(53-8-1 To 53-8-99 NMSA 1978)

having filed its Articles Of Incorporation on June 4, 1996 and Certificate Of Incorporation issued as of said date.

It is further certified that the fees due the Public Regulation Commission which have been assessed against the aforesaid corporation, have been paid to date and aforesaid corporation is in corporate good standing & duly authorized to transact business as its corporate existence has not been revoked in New Mexico. This Certificate is not to be construed as an endorsement, recommendation, or notice of approval of the corporation's financial condition or business activities and practices.

This Certificate of Good Standing and Compliance expires: May 15, 2013

Dated : May 22, 2012

In testimony whereof, the Public Regulation Commission of the State of New Mexico has caused this certificate to be signed by its Chairman and the seal of said Commission to be affixed at the city of Santa Fe.

Bureau Chlef

Chairman

06/07/2012 15:17 8656336092 CT CORPORATION PAGE 06/06