

F12000002989

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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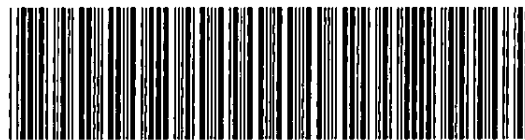
(Business Entity Name)

(Document Number)

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FALLAH ASSIE, FLORIDA
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K 07/19/12



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 278976 5166594

AUTHORIZATION :

COST LIMIT : \$ 125.00

ORDER DATE : July 17, 2012

ORDER TIME : 1:44 PM

ORDER NO. : 278976-005

CUSTOMER NO: 5166594

FOREIGN FILINGS

NAME: KILPATRICK PATHOLOGY, PA

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Stephanie Milnes -- EXT# 2920

EXAMINER: _____

**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. Kilpatrick Pathology, P.A.

(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. North Carolina 3. 56-2160482
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 09/03/1999 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. 3 Giralda Farms, Madison, New Jersey 07940
(Principal office address)

3 Giralda Farms, Madison, New Jersey 07940
(Current mailing address)

8. practice medicine
(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: Corporation Service Company

Office Address: 1201 Hays Street

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.

Corporation Service Company

By: Stephanie Milnes Stephanie K. Milnes _____
Assistant Vice President

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

A. DIRECTORS

Chairman: see attached

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: see attached

Address: _____

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. William J. O'Shaughnessy, Jr.

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. William J. O'Shaughnessy, Jr. - Secretary

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

Name

Joan E. Miller
Timothy M. Kilpatrick MD
Michael G. Lukas

Title

Director
Director
Director

Joan E. Miller
John Yankanich
Michael G. Lukas
Michele Zwickl
Robert F. O'Keef
Stephen A. Calamari
Teresa Cinco
Thomas F. Bongiorno
Thomas L. Kossel
Timothy M. Kilpatrick MD
William J. O'Shaughnessy Jr.

Vice President
Vice President/Sales - Derm
Vice President
Vice President
Vice President/Treasurer
Vice President
Assistant Treasurer
Vice President/Controller
Assistant Secretary/General Counsel
President
Secretary

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FALL ANA ST. FLORIDA



NORTH CAROLINA

Department of the Secretary of State

CERTIFICATE OF EXISTENCE (PROFESSIONAL CORPORATION)

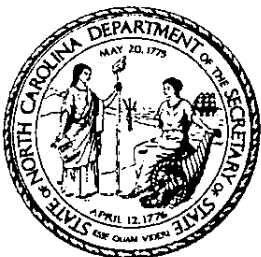
I, Elaine F. Marshall, Secretary of State of the State of North Carolina, do hereby certify that

KILPATRICK PATHOLOGY, P.A.

is a professional corporation duly incorporated under the laws of the State of North Carolina, having been incorporated on the 3rd day of September, 1999, with its period of duration being Perpetual.

I FURTHER certify that the said corporation's articles of incorporation are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said corporation is not administratively dissolved for failure to comply with the provisions of the North Carolina Business Corporation Act; that the said corporation's certificate of registration is not suspended or revoked by their licensing board; and that the said corporation has not filed articles of dissolution as of the date of this certificate.

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Scan to verify online.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 18th day of July, 2012.

Elaine F. Marshall

Secretary of State