

**F140000001326**

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(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

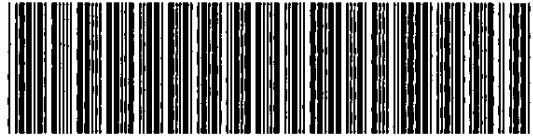
☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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

Special Instructions to Filing Officer:



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## COVER LETTER

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

**SUBJECT:** Rheumatology Diagnostics Laboratory, 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:

Mary Stevens  
Name of Person

Rheumatology Diagnostics Laboratory, Inc.  
Firm/Company

10755 Venice Boulevard  
Address

Los Angeles, CA 90034  
City/State and Zip code

mstevens@rdline.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mary Stevens at (310) 253 5455  
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 Status    ☐ \$78.75 Filing Fee & Certified Copy    ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy



10755 Venice Boulevard  
Los Angeles, CA 90034  
tel: 310.253.5455

800.338.1918  
fax: 310.253.5466  
www.rdlinc.com

**March 11, 2014**

To: Florida Department of State Division of Corporations

From: Mary Stevens

We have attached our current Certificate of Status from the State of California.

Please note, they no longer offer a Gold Seal of certification, per Clay in the Statement of Information Department, telephone #916 657 5448.

They only send black and white copies (attached).

We have a copy dated December 24, 2013.

Claritha in your office (telephone# 850 245 6052) confirmed with me that this letter would be adequate. If you have any questions please contact me, thank you, Mary

Mary Stevens

Contract Negotiator

Service Liaison

**RDL Reference Laboratory**

**Creative Solutions for Complex Medicine**

10755 Venice Blvd.

Los Angeles, CA 90034

☎ Office # 800 338 1918 x246

☎ Fax # 310 253 5466

✉ mstevens@rdlinc.com

<http://www.rdlinc.com>

NPI # 1013900778

TAX ID # 95 3053422

14 MAR 25 AM 9:20  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

**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. Rheumatology Diagnostics Laboratory, 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. Los Angeles CA 3. 95-3053422  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 7.2.1976 5. perpetual  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. 6.23.1997  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 15127 Jog Road Delray Beach, FL 33446  
(Principal office address)  
10755 Venice Blvd. Los Angeles, CA 90034  
(Current mailing address)

8. PhleBotomy Station  
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

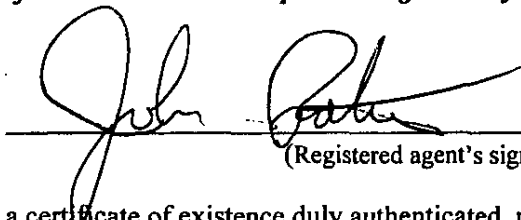
9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: John Ratier

Office Address: 15127 Jog Road  
Delray Beach, Florida 33446  
(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.*

  
(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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DIVISION OF CORPORATIONS

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

**A. DIRECTORS**

Director

Chairman: Dr. Robert Morris

Address: 10755 Venice Blvd LA CA 90034

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

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

Director: Dr. Allan Metzger

Address: 10755 Venice Blvd LA CA 90034

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

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

**B. OFFICERS** n.a

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

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. \_\_\_\_\_

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. Allan Metzger, MD, Director

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

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DIVISION OF CORPORATIONS  
14 MAR 25 AM 9:20

**State of California**  
**Secretary of State**

**CERTIFICATE OF STATUS**

**ENTITY NAME:**

**RHEUMATOLOGY DIAGNOSTICS LABORATORY, INC.**

**FILE NUMBER:** C0773313  
**FORMATION DATE:** 07/02/1976  
**TYPE:** DOMESTIC CORPORATION  
**JURISDICTION:** CALIFORNIA  
**STATUS:** ACTIVE (GOOD STANDING)

I, DEBRA BOWEN, Secretary of State of the State of California,  
hereby certify:

The records of this office indicate the entity is authorized to  
exercise all of its powers, rights and privileges in the State of  
California.

No information is available from this office regarding the financial  
condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate  
and affix the Great Seal of the State of  
California this day of December 24, 2013.

*Debra Bowen*

**DEBRA BOWEN**  
**Secretary of State**