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FLORIDA DEPARTMENT OF REVENUE

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11/4

**CORPORATE
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INC.**

When you need ACCESS to the world

236 East 6th Avenue, Tallahassee, Florida 32303

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WALK IN

PICK UP: 10-24-14

- ☐ CERTIFIED COPY _____
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- ☐ CUS _____
- ☒ FILING Foreign Corp

1. The Pathology Laboratory (A Professional Medical Corporation)
(CORPORATE NAME AND DOCUMENT #)
2. _____
(CORPORATE NAME AND DOCUMENT #)
3. _____
(CORPORATE NAME AND DOCUMENT #)
4. _____
(CORPORATE NAME AND DOCUMENT #)
5. _____
(CORPORATE NAME AND DOCUMENT #)
6. _____
(CORPORATE NAME AND DOCUMENT #)

**SPECIAL
INSTRUCTIONS:**

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: The Pathology Laboratory (A Professional Medical Corporation)

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:

Marsha Romero

Name of Person

McDonald Hopkins LLC

Firm/Company

200 S Biscayne Blvd., Suite 3130

Address

Miami, FL 33131

City/State and Zip code

mromero@mcdonaldhopkins.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Marsha Romero

at (**305**) **704-3990**

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

**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. The Pathology Laboratory (A Professional Medical Corporation)

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

The Pathology Laboratory (A Louisiana Professional Medical Corporation)

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Louisiana

(State or country under the law of which it is incorporated)

3. 72-0679679

(FEI number, if applicable)

4. 01/24/1969

(Date of incorporation)

5. Perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6. 11/01/14

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

7. 830 West Bayou Pines Drive, Lake Charles, LA 70601

(Principal office address)

830 West Bayou Pines Drive, Lake Charles, LA 70601

(Current mailing address)

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

Name: **Marc H. Auerbach**

Office Address: **200 S. Biscayne Blvd., 33130**

Miami

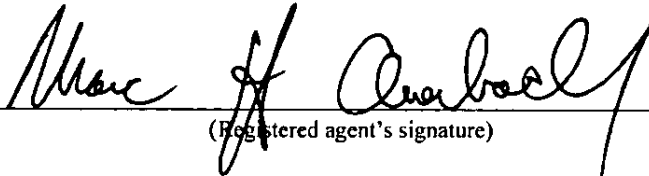
(City)

Florida 33131

(Zip code)

9. 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)

10. 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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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

14 OCT 24 AM 10: 01

A. DIRECTORS

Chairman: John S. Vanhooose

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Address: 4317 Edgewater Drive
Lake Charles, LA 70605

Vice Chairman: _____

Address: _____

Director: Gault H. Townsend

Address: 2410 W. Sale Road
Lake Charles, LA 70605

Director: Robert L. Rumsey

Address: 1505 Alvin Street
Lake Charles, LA 70601

B. OFFICERS

President: John S. Vanhooose

Address: 4317 Edgewater Drive
Lake Charles, LA 70605

Vice President: Gault H. Townsend

Address: 2410 W. Sale Road
Lake Charles, LA 70605

Secretary: Gault H. Townsend

Address: 2410 W. Sale Road, Lake Charles, LA 70605

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

12. _____

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.

13. John S. Vanhooose, President

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

APPROVED
AND
FILED

14 OCT 24 AM 10:01



Tom Schedler
SECRETARY OF STATE

As Secretary of State of the State of Louisiana I do hereby Certify that

THE PATHOLOGY LABORATORY (A PROFESSIONAL MEDICAL CORPORATION)

A corporation domiciled in LAKE CHARLES, LOUISIANA,


Filed charter and qualified to do business in this State on January 30, 1969,

I further certify that the records of this Office indicate the corporation has paid all fees due the Secretary of State, and so far as the Office of the Secretary of State is concerned is in good standing and is authorized to do business in this State.

I further certify that this Certificate is not intended to reflect the financial condition of this corporation since this information is not available from the records of this Office.

In testimony whereof, I have hereunto set my hand and caused the Seal of my Office to be affixed at the City of Baton Rouge on,

October 22, 2014


Secretary of State

Web 28506650D



Certificate ID: 10538636#JUL73

To validate this certificate, visit the following web site, go to **Commercial Division, Certificate Validation**, then follow the instructions displayed.
www.sos.louisiana.gov