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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

MAIL

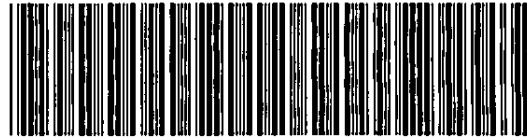
(Business Entity Name)

(Document Number)

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

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## COVER LETTER

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

**SUBJECT:** Clinical Reference 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:

Cynthia K. Hicks

Name of Person

Clinical Reference Laboratory, Inc.

Firm/Company

8433 Quivira Road

Address

Lenexa, KS 66215

City/State and Zip code

hicksc@crlcorp.com

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

For further information concerning this matter, please call:

Cynthia K. Hicks at ( 913 ) 492-3652

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:

- |  |  |   |   |
|--|--|---|---|
| <input checked="" type="checkbox"/> \$70.00 Filing Fee | <input type="checkbox"/> \$78.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$78.75 Filing Fee &<br>Certified Copy | <input type="checkbox"/> \$87.50 Filing Fee,<br>Certificate of Status &<br>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. Clinical Reference 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. Kansas**

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

**3. 48-0964521**

(FEI number, if applicable)

**4. 09/12/1983**

(Date of incorporation)

**5. perpetual**

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

**6. 11/24/2014**

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

**7. 8433 Quivira Road, Lenexa KS 66215**

(Principal office address)

**8433 Quivira Road, Lenexa KS 66215**

(Current mailing address)

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

Name: **Corporation Service Company**

Office Address: **1201 Hays Street**

**Tallahassee**

(City)

Florida **32301**

(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.*

Brandy Venderick 12/17/2014

(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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FLORIDA SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

**A. DIRECTORS**

Chairman: Timothy S. Sotos

Address: 8433 Quivira Road, Lenexa KS 66215

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

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

Director: Robert L. Stout, Ph.D.

Address: 8433 Quivira Road, Lenexa KS 66215

Director: Michael Merriman

Address: 8433 Quivira Road, Lenexa KS 66215

**B. OFFICERS**

President: Timothy S. Sotos, CEO

Address: 8433 Quivira Road, Lenexa KS 66215

Vice President: John Martin

Address: 8433 Quivira Road, Lenexa KS 66215

Secretary: G. David Porter

Address: 8433 Quivira Road, Lenexa KS 66215

Treasurer: Cynthia K Hicks

Address: 8433 Quivira Road, Lenexa KS 66215

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

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. Cynthia K Hicks, CFO/Treasurer

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

Florida Department of State Division of Corporations

Foreign Profit Corporation Application Question 12. Additional Director Attachment

Clinical Reference Laboratory, Inc.

Marybeth Merriman Sotos, Director

8433 Quivira Road, Lenexa KS 66215

**STATE OF KANSAS  
OFFICE OF  
SECRETARY OF STATE  
KRIS W. KOBACH**

I, KRIS W. KOBACH, Secretary of State of the state of Kansas, do hereby certify, that according to the records of this office.

Business Entity ID Number: 0825380

Entity Name: CLINICAL REFERENCE LABORATORY, INC.

Entity Type: DOM: FOR PROFIT CORPORATION

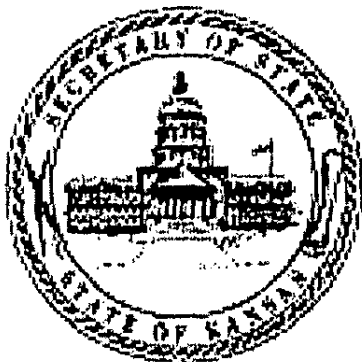
State of Organization: KS

Resident Agent: CORPORATION SERVICE COMPANY

Registered Office: 2900 SW WANAMAKER DRIVE SUITE 204, TOPEKA, KS 66614

was filed in this office on September 12, 1983, and is in good standing, having fully complied with all requirements of this office.

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



In testimony whereof I execute this certificate and affix the seal of the Secretary of State of the state of Kansas on this day of December 08, 2014

**KRIS W. KOBACH  
SECRETARY OF STATE**

Certificate ID: 625832 - To verify the validity of this certificate please visit <https://www.kansas.gov/bess/flow/validate> and enter the certificate ID number.

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TOPEKA, KS