

FI6000002545

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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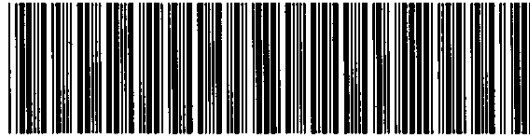
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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16 JUN -2 PM 11:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Medical Laboratory Diagnostics, 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:

Glenn R. Levy, Vice President of Business Operations

Name of Person	16 JUN -2 4:11:43 SECRETARY OF STATE TALLAHASSEE, FLORIDA
Medical Laboratory Diagnostics, Inc.	
Firm/Company	
85 Horschill Road	
Address	
Cedar Knolls, New Jersey 07927	
City/State and Zip code	
glevy@medlabdx.com	
E-mail address: (to be used for future annual report notification)	

For further information concerning this matter, please call:

Glenn R. Levy	973	731-2900 x1051
Name of Person	at (Area Code)	Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

Registration 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. Medical Laboratory Diagnostics, 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. New Jersey 3. 222768584

(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. July 18, 1986 5. _____

(Date of incorporation) (Date of duration, if other than perpetual)

6. None

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

7. 85 Horseshill Road, Cedar Knolls, New Jersey 07927

(Principal office address)
Same

(Current mailing address, if different)

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

Name: Trent Hayes

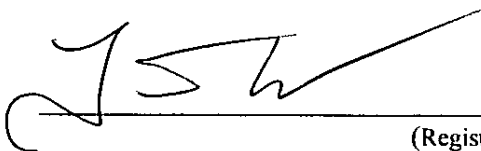
Office Address: 13 Bahia Drive

Boynton Beach, Florida 33436

(City) (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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TALLAHASSEE, FLORIDA

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

A. DIRECTORS

Chairman: George N. Mitilenes, Ph.D.
Address: 71 Morris Avenue
Morristown, New Jersey 07960

Vice Chairman: Nickolas G. Mitilenes
Address: 40 West Park Place, Apt. 505
Morristown, New Jersey 07960

Director: _____
Address: _____

Director: _____
Address: _____

B. OFFICERS

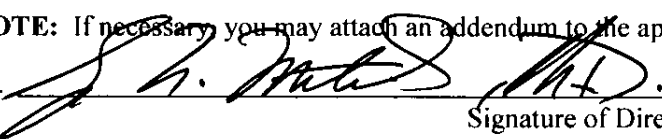
President: George N. Mitilenes, Ph.D.
Address: 71 Morris Avenue
Morristown, New Jersey 07960

Vice President: Nickolas G. Mitilenes
Address: 40 West Park Place, Apt. 505
Morristown, New Jersey 07960

Secretary: Nickolas G. Mitilenes
Address: 40 West Park Place, Apt. 505, Morristown, NJ 07960

Treasurer: George N. Mitilenes, Ph.D.
Address: 71 Morris Avenue, Morristown, NJ 07960

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 11 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. George N. Mitilenes, Ph.D, CEO & Laboratory Director

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

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TALLAHASSEE, FLORIDA

**STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY
DIVISION OF REVENUE AND ENTERPRISE SERVICES
LONG FORM STANDING WITH CHARTER DOCUMENTS**

MEDICAL LABORATORY DIAGNOSTICS, INC.
0100305135

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic For-Profit Corporation was registered by this office on July 18, 1986.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and office are:

GEORGE MITILENES
85 HORSEHILL RD
CEDAR KNOLLS, NJ 07927

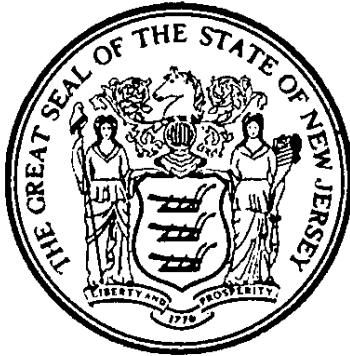
I further certify that as of the date of this certificate, the following amendments and changes are on file in this office:

CHANGE OF REGISTERED OFFICE	08/21/2000
CHANGE OF REGISTERED OFFICE	05/29/2001
ALTERNATE NAME FILING	04/11/2011
Annual Report filing with officer/member change	05/05/2015
Annual Report Filing with address change	05/05/2015
CHANGE OF REGISTERED OFFICE	05/06/2015
ALTERNATE NAME RENEWAL	02/22/2016

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16 JUN -2 PM 11:43
STATE OF NEW JERSEY
TALLMANSEED, NJ 0804

**STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY
DIVISION OF REVENUE AND ENTERPRISE SERVICES
LONG FORM STANDING WITH CHARTER DOCUMENTS**

MEDICAL LABORATORY DIAGNOSTICS, INC.
0100305135



*IN TESTIMONY WHEREOF, I have
hereunto set my hand and affixed
my Official Seal at Trenton, this
25th day of May, 2016*

Ford M. Scudder

*Ford M. Scudder
Acting State Treasurer*

Certificate Number : 6071835038

Verify this certificate online at

https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp

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TREASURER'S OFFICE