

F1700000 1514

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

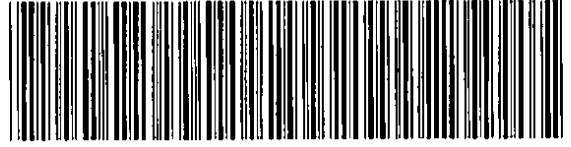
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2022 APR - 1 AM 11: 26
OFFICE OF THE
CLERK OF SUPERIOR COURT
OF MASSACHUSETTS

RECEIVED

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 4, 2022

CSC

RESUBMIT

**Please give original
submission date as file date.**

SUBJECT: QUEST DIAGNOSTICS INFECTIOUS DISEASE, INC.
Ref. Number: F17000001514

We have received your document for QUEST DIAGNOSTICS INFECTIOUS DISEASE, INC. and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document number does not match the name of the entity provided.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.


If you have any questions concerning the filing of your document, please call (850) 245-6050.

Terri J Schroeder
Regulatory Specialist III

Letter Number: 022A00007742

2022 APR -4 PM 3:25

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195
REFERENCE : 569212 5166594
AUTHORIZATION : 
COST LIMIT : \$35,000

ORDER DATE : March 23, 2022
ORDER TIME : 8:51 AM
ORDER NO. : 569212-055
CUSTOMER NO: 5166594

FOREIGN FILINGS

NAME: QUEST DIAGNOSTICS INFECTIOUS
DISEASE, INC.

XX CORPORATE
 LIMITED PARTNERSHIP
 LIMITED LIABILITY COMPANY

XXXX WITHDRAWAL/CANCELLATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF STATUS

CONTACT PERSON: Alexxis Weiland - EXT#

EXAMINER: _____

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Quest Diagnostics Infectious Disease, Inc.

(Name of Corporation)

DOCUMENT NUMBER: F1000003103

The enclosed **withdrawal application** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

(Name of Person)

(Firm/Company)

(Address)

(City/State and Zip code)

For further information concerning this matter, please call:

_____ at (_____) _____
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the amount:

- \$35 Filing Fee
- \$43.75 Filing Fee & Certificate of Status
- \$43.75 Filing Fee & Certified Copy (Additional copy is Enclosed)
- \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**APPLICATION BY FOREIGN CORPORATION FOR WITHDRAWAL OF
AUTHORITY TO TRANSACT BUSINESS OR CONDUCT AFFAIRS IN FLORIDA**

Quest Diagnostics Infectious Disease, Inc.

(Name of Corporation)

F17000001514

(Document Number of Corporation (if known))

Delaware 04/03/2017

(Incorporated Under Laws of and date authorized to transact business/conduct its affairs)

This corporation is no longer transacting business or conducting affairs within the State of Florida and hereby voluntarily surrenders its authority to transact business or conduct affairs in Florida.

This corporation revokes the authority of its registered agent in Florida to accept service on its behalf and appoints the Department of State as its agent for service of process based on a cause of action arising during the time it was authorized to transact business or conduct affairs in Florida.

The following is a current mailing address for the corporation:

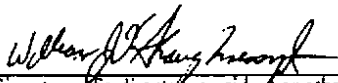
500 Plaza Drive

(Mailing Address)

Secaucus, NJ 07094

(City/ State /Zip)

The corporation agrees to notify the Department of State in the future of any change in its mailing address.



(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

William J. O'Shaughnessy, Jr.

(Typed or printed name of person signing)

March 30, 2022

(Date)

Secretary

(Title of person signing)

FILING FEE \$35