

F1700000 1514

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

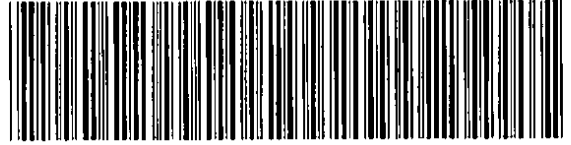
(Business Entity Name)

(Document Number)

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

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RECEIVED

2022 APR -1 AM 11:26

CLERK OF SUP  
COURT HOUSE, FLOOR

2022 APR -1 PM 01:52



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:** F10000003103

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:

\_\_\_\_\_  
(Name of Person)

at (\_\_\_\_\_) \_\_\_\_\_

(Area Code & Daytime Telephone Number)

Enclosed is a check for the amount:

- |  |  |   |   |
|--|--|---|---|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>Enclosed) | <input type="checkbox"/> \$52.50 Filing Fee,<br>Certificate of Status & Certified<br>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:

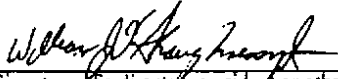
500 Plaza Drive

\_\_\_\_\_  
(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**