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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

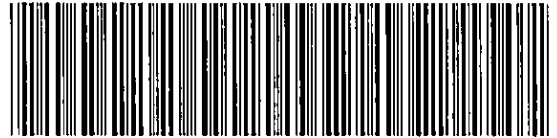
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2019 SEP 13 AM 11:10
2019 SEP 13 AM 10:52

SEP 13

B KINSEY
SEP 16 2019

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

ACCOUNT NO. : I20000000195

REFERENCE : 908579 8011047

AUTHORIZATION :

COST LIMIT : \$ 70.00

ORDER DATE : September 5, 2019

ORDER TIME : 10:15 AM

ORDER NO. : 908579-005

CUSTOMER NO: 8011047

FOREIGN FILINGS

NAME: CLINICAL PATHOLOGY
LABORATORIES, INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner -- EXT# 62969

EXAMINER: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Clinical Pathology Laboratories, 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:

Aaron J. Sosa

Name of Person

Sonic Healthcare USA, Inc.

Firm/Company

12357-A Riata Trace Pkwy, Ste 210

Address

Austin, TX 78727-7168

City/State and Zip code

asosa@sonichealthcareusa.com

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

For further information concerning this matter, please call:

Aaron J. Sosa

512

439-1610

at (_____) _____

Name of Person

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. Clinical Pathology Laboratories, 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. Texas 3. 74-2554159
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 01/02/1990 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)
6. 01/01/2019
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 9200 Wall Street, Austin, TX 78754
(Principal office address)
- 12357-A Riata Trace Pkwy, Ste 210, Austin, TX 78727-7168
(Current mailing address, if different)

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

Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee, Florida 32301
(City) (Zip code)

2019 SEP 13 AM 10:52

SEP 13 2019

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.

Corporation Service Company
By: Roxanne Turner Roxanne Turner
(Registered agent's signature) Asst. Vice President

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.

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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: Dr. Colin S. Goldschmidt

Address: Level 22, Grosvenor Place, 225 George Street, Sydney, NSW 2000

Director: Christopher D. Wilks

Address: Level 22, Grosvenor Place, 225 George Street, Sydney, NSW 2000

B. OFFICERS

President: Bobby L. Smithson

Address: 9200 Wall Street

Austin TX 78754-4534

Vice President: Jerry W. Hussong, MD

Address: 12357-A Riata Trace Pkwy, Ste 210

Austin, TX 78727-7168

Secretary: Sheridan Foster

Address: 12357-A Riata Trace Pkwy, Ste 210, Austin, TX 78727-7168

Treasurer: Charles A. Musial

Address: 12357-A Riata Trace Pkwy, Ste 210, Austin, TX 78727-7168

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. Charles A. Musial, Chief Financial Officer and Treasurer

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

ADDENDUM ATTACHMENT - ADDITIONAL DIRECTORS & OFFICERS

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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: Jerry W. Hussong, MD

Address: 12357-A Riata Trace Pkwy, Suite 210

Austin TX 78727-7168

Director: Philip C. Chen, MD, PhD

Address: 12357-A Riata Trace Pkwy, Suite 210

Austin TX 78727-7168

B. OFFICERS

President: _____

Address: _____

Vice President: _____

Address: _____

Secretary: Assistant Secretary, Paul J. Alexander

Address: Level 22, Grosvenor Place, 225 George Street, Sydney, NSW 2000

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 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. Charles A. Musial, Chief Financial Officer and Treasurer

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



Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Articles Of Incorporation for CLINICAL PATHOLOGY LABORATORIES, INC. (file number 113784700), a Domestic For-Profit Corporation, was filed in this office on January 02, 1990.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on September 06, 2019.



A handwritten signature in black ink, appearing to read "Ruth R. Hughs".

Ruth R. Hughs
Secretary of State