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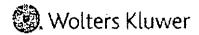
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Kimberly Laughrey Global Fulfillment Manager Certified Lean Six Sigma Green Belt CT Corporation

Team (614) 280-3338
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Mobile (614) 813-9486
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February 12, 2021

FLORIDA DEPARTMENT OF STATE
Division of Corporations

CT CORPORATION SYSTEM

,

SUBJECT: NORTHWEST PATHOLOGY PS

REF: W21000018876

We have received your electronically transmitted document. However, the document was submitted under the wrong electronic filing type and cannot be processed by this office.

To proceed, you must abandon this filing and resubmit your filing under the appropriate electronic filing type.

Florida law does not provide for the recognition of a foreign professional corporation. An acceptable corporate suffix will need to be added to your entity name for this Department to accept and file your document.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Mel Solomon Senior Section Administrator FAX Aud. #: H21000059301 Letter Number: 021A00003205 * Page; 5 of 7

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

	orporation; must include "INCORP orp," "Inc," "Co," or "Corp.")	ORATED," ."COMPAN	ry," "Corporation	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	-
Northwest Patho	ology, P.S., Inc.	. •		. ;	
If name unavails Washington	able in Florida, enter alternate corp	orate name adopted for t 91-138550	he purpose of transac	ting business in Florida)	
(State or country June 5, 1987	y under the law of which it is incor	porated)	(FEI number, if	applicable)	-
(Date	of incorporation)	3(D	ate of durstion, if oth	er than perpetual)	
14 Mendian St	(Date first transacted (SEE SECTIONS 607.15 reet, Ste. 100, Bellingham, WA 98			nility)	-
		(Principal office add	iress)	- ,	-
<u></u>	. (O	urrent mailing address, if	different)	-77	<u> </u>
vame and stree	et address of Florida registered	aoent: (P.O. Box. NO	T accentable)		- 1
Name:	C T Corporation System				` !
ice Address:	1200 South Pine Island Road				773 284
	Plantation,	, Flor			
	(City)		(Zip code)		·유
ring been nam gnated in this her agree to c	ent's acceptance: ed as registered agent and to a application, I hereby accept th omply with the provisions of al amiliar with and accept the ob-	ne appoinsment as reg Il statules relative to ti	istered agent and a he proper and comp	gree to act in this cap plese performance of i	acit)
Ву		oration System			-
		Registered agent's signa		Assistant Secretary	

From: James Tanks III

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

' Page, 6 of 7

To: 18506176381

	ECTORS John W. Hoyt, M.D., Chairman & Director
Chairman	: 3614 Meridian Street, Ste. 100
Address;	Bellingham, WA 98225
Vice Chai	No Vice Chair irman: Grerogy M. Wolgamot, M.D., Director
Address:	3614 Meridian Street
1	Bellingham, WA 98225
Director:	Ryan R. Fortna, M.D., PhD.
Address:	3614 Meridian Street, Ste. 100
	Bellingham, WA 98225
Director:	Kelly Lloyd, M.D.
Address:	3614 Meridian Street, Stc. 100
	Bellingham, WA 98225
B. OFF	John W. Hoyt, M.D.
resident: Address:	3614 Meridian Street, Ste. 100
	Bellingham, WA 98225
ice Presi	Gregory M. Wolgamot, M.D.
	3614 Meridian Street, Ste. 100
	Bellingham, WA 98225
ecretary:	Keily Lloyd, M.D.
	3614 Meridian Street, Stc. 100, Bellingham, WA 98225
reasurer:	Ryan R. Fortna, M.D., PhD.
ddress:	3614 Meridian Street, Ste. 100, Bellingham, WA 98225
OTE: 2	If necessary, you may attach an addendum to the application listing additional officers and/or directors.
	Signature of Director or Officer
re true as third de	er or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein and that he or she is aware that false information submitted in a document to the Department of State constitutes gree felony as provided for in s.817.155, F.S.
3	R. Fortna, M.D., PhD., Treasurer & Director
	(Typed or printed name and capacity of person signing application)

Page: 7 of 7

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- 100



The State of Washington

Secretary of State

1, KIM WYMAN, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

CERTIFICATE OF EXISTENCE

OF

NORTHWEST PATHOLOGY, P.S.

I CERTIFY that the records on file in this office show that the above named entity was formed under the laws of the State of Washington and that its public organic record was filed in Washington and became effective on 06/05/1987.

I FURTHER CERTIFY that the entity's duration is Perpetual, and that as of the date of this certificate, the records of the Secretary of State do not reflect that this entity has been dissolved.

I FURTHER CERTIFY that all fees, interest, and penalties owed and collected through the Secretary of State have been paid.

I FURTHER CERTIFY that the most recent annual report has been delivered to the Secretary of State for filing and that proceedings for administrative dissolution are not pending.

> Issued Date: 02/02/2021 UBI Number: 601 029 179



Given under my hand and the Seaf of the State of Washington at Olympia, the State Capital

Kim Wyman, Secretary of State

tun Ulyna-

Date Issued: 02/02/2021