

F99000006381

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

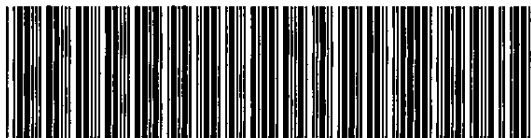
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

PA  
Change



## FILING TRANSMITTAL FORM

TO  
Division of Corporations  
Florida Department of State  
~~409 E. Gaines Street~~  
P. O. Box 6327  
Tallahassee, FL 32314

FR: Gary Sherman  
DATE: December 5, 2006

RE: LabOne Inc.

PLEASE FILE THE ATTACHED

Change of Registered Agent

A check for the \$35 filing fee is enclosed

PLEASE OBTAIN THE FOLLOWING EVIDENCE: One filed stamped copy

Please call Gary Sherman at 800-300-5067 if there are any problems with this filing.

Please Return Evidence By Regular Mail to:  
Gary Sherman  
CONTINENTAL CORPORATE SERVICES, INC.  
189 FRANKLIN AVENUE, SUITE 1  
NUTLEY, NJ 07110  
PHONE: 800-300-5067  
FAX: 973-542-0313

Thank you.

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** LABONE, INC. OF KANSAS  
(Name of Corporation)

**DOCUMENT NUMBER:** F99000006381

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.  
Please return all correspondence concerning this matter to the following:

Gary Sherman  
(Name of Contact Person)

Continental Corporate Services, Inc.  
(Firm/Company)

189 Franklin Avenue-Suite 1  
(Address)

Nutley, NJ 07110  
(City/State and Zip Code)

For further information concerning this matter, please call:

Gary Sherman at ( 800 ) 300-5067  
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a \$35.00 check made payable to the Department of State.

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

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
266 Executive Center Circle  
Tallahassee, FL 32301

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of \_\_\_\_\_ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: LABONE, INC. OF KANSAS

2. The principal office address: 10101 Renner Boulevard, Lenexa, KS 66219-9852

3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 10/29/99 Document number: F99000006381

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Corporation Service Company

1201 Hays Street

Tallahassee, FL 32301

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

NRAI Services, Inc.

2731 Executive Park Drive, Suite 4

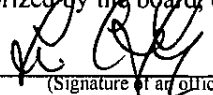
(P.O. Box NOT acceptable)

Weston, FL 33331

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TALLAHASSEE, FLORIDA

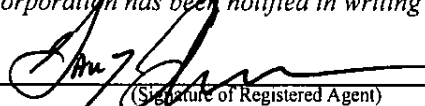
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

  
(Signature of an officer or director)

Leo C. Farrenkopf, Jr. Asst Secy  
(Printed or typed name and title)

*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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

  
(Signature of Registered Agent)

11/25/06  
(Date)

If signing on behalf of an entity:

NRAI SERVICES, INC.  
(Typed or Printed Name)

\*\*\* FILING FEE: \$35.00 \*\*\*

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314