

Division of Corporations

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521204

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6360
Account Name : HODGSON RUSS LLP
Account Number : 072720000242
Phone : (716) 848-1371
Fax Number : (716) 849-0349

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TALLAHASSEE, FLORIDA

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REGISTERED AGENT RESIGNATION

PROFESSIONAL CLINICAL LABORATORY, INC.

Certificate of Status	0
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**RESIGNATION OF REGISTERED AGENT
FOR A CORPORATION**

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,

Florida Statutes, the undersigned, HRAWG CORP.
(Name of Registered Agent)

hereby resigns as Registered Agent for PROFESSIONAL CLINICAL LABORATORY, INC.
(Name of Corporation)

J21204
(Document Number, if known)

A copy of this resignation was mailed to the above listed corporation at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.



(Signature of Resigning Agent)

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TALLAHASSEE, FLORIDA

If signing on behalf of an entity:

David M. Stark

(Typed or Printed Name)

Vice President

(Capacity)

Fee for filing this document:
\$87.50 - Active corporation
\$35.00 - Administratively dissolved/voluntarily dissolved/
withdrawn corporation

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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