

[illegible]

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

MAIL

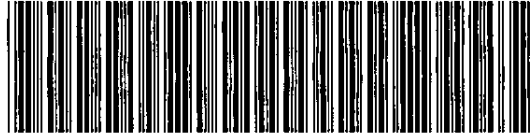
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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CT Corporation

111 Eighth Avenue
New York, NY 10011

212 894 8940 tel
212 590 9180 fax
www.ctlegalsolutions.com

July 22, 2015

RE: REGIONAL DIAGNOSTICS, L.L.C. (FL. DOM.)

Department of State
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Dear Sir or Madam:

We enclose resignation executed in duplicate, by the agent for service of process for each of the above corporations. Also enclosed is 1 check in the amount of \$25.00 to cover the required filing fee.

Very truly yours,

C T CORPORATION SYSTEM

Theresa Alfieri (hm)

Theresa Alfieri
Senior Supervisor &
Assistant Secretary

TA/hm
Enclosure

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: REGIONAL DIAGNOSTICS, L.L.C. (FL. DOM.)
Name of Limited Liability Company

DOCUMENT NUMBER: L97000000005

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

THERESA ALFIERI

Name of Person

C T CORPORATION SYSTEM

Name of Firm/Company

111 EIGHTH AVENUE 13TH FLOOR

Address

NEW YORK, NY 10011

City/State and Zip Code

Theresa.Alfieri@Wolterskluwer.com

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

For further information concerning this matter, please call:

THERESA ALFIERI

Name of Person

at (212) 894-8516

Area Code Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

MAILING ADDRESS:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

INHS17 (12/13)

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

C T CORPORATION SYSTEM, hereby resigns as
Name of Registered Agent

Registered Agent for REGIONAL DIAGNOSTICS, L.L.C. (FL. DOM.)

Name of Limited Liability Company

L97000000005

Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company 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.

By: C T Corporation System
[Signature]
Signature of Resigning Agent

If signing on behalf of an entity:

C T Corporation System - Theresa Alfieri
Typed or Printed Name
Assistant Secretary
Capacity

FILING FEES:

\$ 85.00 Active limited liability company
\$ 25.00 Administratively dissolved/voluntarily dissolved/
withdrawn limited liability company

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

INHS17 (12/13)