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### **COVER LETTER**

Registration Section Division of Corporations

TO:

SUBJECT: Concentra Laboratory, L.L.C.					
•	ed Liability Company)				
	lity Company for Authorization to Transact Business in mitted to register the above referenced foreign limited				
Please return all correspondence concerning this mat	ter to the following:				
Eleanor J. Thompson					
(Nam	e of Person)				
. Concentra Legal Department	·				
(Firm	/Company)				
5080 Spectrum Drive, Suite 1200 West Tower					
(A	Address)				
Addison, Texas 75001					
(City/State	e and Zip Code)				
For further information concerning this matter, pleas	e call:				
Eleanor J. Thompson	at ( 972 ) 364-8081				
(Name of Person)	(Area Code & Daytime Telephone Number)				
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	STREET ADDRESS: Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301				
Enclosed is a check for the following amount:  □ \$125.00 Filing Fee  □ \$130.00 Filing Fee &  Certificate of St	☐ \$155.00 Filing Fee & ☐ \$160.00 Filing Fee, Certificate atus Certified Copy of Status & Certified Copy				

#### APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608503 FLORIDA STATLITES THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN

LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE	E ST	TATE OF FLORIDA:		114( 71 1	OI LEEO
1. Concentra Laboratory, L.L.C.  (Name of Foreign Limited Liability Company; must included)	lude	"Limited Liability Company," "	L.L.C.," or "LL	.C.")	_
(If name unavailable, enter alternate name adopted for the purpo consent of the managers or managing members adopting the alte Company," "L.L.C.," "LLC.")	ose	of transacting business in Florida	and attach a co	py of the	
2. Delaware	2	76-0546504			
(Jurisdiction under the law of which foreign limited liability company is organized)	3.	( FEI number, if a	pplicable)		
<sub>4.</sub> July 22, 1997	5.	July 22, 2037	- FE	8	ALE THE PERSON NAMED IN
(Date of Organization)	•,	(Duration: Year limited liability exist or "perpetual")	y company will	céase to	COLUMN .
6	loric	do if union to registration	144	म् ग्रन्त	
(Date first transacted business in Flo (See sections 608.501 & 608.502 F.S	S. to	determine penalty liability)	ر مدا چو ما استان چو ما استان چو	اشت ۱	H
7. 5080 Spectrum Drive, Suite 1200 West To	we	er	,		<u> </u>
Addison, Texas 75001					<del>-</del>
(Street Address	s of	Principal Office)	<del> </del>		<del></del>
8. If limited liability company is a manager-managed	d cc	ompany, check here			
9. The name and usual business addresses of the man	nag	ing members or managers a	re as follows	•	
Concentra Health Services, Inc.			·		_
5080 Spectrum Drive, Suite 1200 West Tov	we	er			_
Addison, Texas 75001					_
10. Attached is an original certificate of existence, no more than 90 of the jurisdiction under the law of which it is organized. (A photocop translation of the certificate under oath of the translator must be subr	py is	not acceptable. If the certificate is			ecords in
11. Nature of business or purposes to be conducted or	or p	romoted in Florida:			_
Laboratory management services					
( Ampson	J				<del>-</del>
Signature of a member of an au (In accordance with section 608.408(3), F an affirmation under the penalties of perj	F.S.,	the execution of this document cons	ember. titutes		

Eleanor J. Thompson, Corporate Secretary-Sole Member Concentra Health Services, Inc.

## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of	of the Limited Liability Company is:			
Concentra L	aboratory, L.L.C.			<del>_</del>
If name unava	ilable, the alternate name to be used in the state of Florida is:			
· · · · · · · · · · · · · · · · · · ·		7.00 7.00	8	and a service of the
2. The name a	nd the Florida street address of the registered agent and office are:	LARACE	007 14	i i
	Corporation Service Company	ileyndi 1773 om Tum 157	æ	្រ ស្វា ធ្វី ម៉ឺ
	(Name)		بب	1 SEE
	1201 Hays Street	11.1	ŗ,	
	Florida Street Address (P.O. Box NOT ACCEPTABLE)			
	Tallahassee <sub>FL</sub> 32301			
	City/State/Zip	_		

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes.

Corporation Service Company
BY: Waren Rose Asst VF

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

## Delaware

PAGE 1

## The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CONCENTRA LABORATORY, L.L.C." IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE THIRD DAY OF OCTOBER, A.D. 2008.

08 OCT 14 PH 3: 46

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081011931

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 6893822

DATE: 10-03-08

You may verify this certificate online at corp.delaware.gov/authver.shtml