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Florida Department of State
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Foreign Limited Liability Company
Spectrum Doctors Laboratory, LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$125.00

J. BRYAN

OCT - 4 2010

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Spectrum Doctors Laboratory, LLC
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Elizabeth A. Chapman
Name of Person

Parker Poe Adams & Bernstein LLP
Firm/Company

401 South Tryon Street, Suite 3000
Address

Charlotte, NC 28202
City/State and Zip Code

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

For further information concerning this matter, please call:

Elizabeth A. Chapman at (704) 335-9855
Name of Person Area Code & Daytime Telephone Number

MAILING ADDRESS:
Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:
Division of Corporations
Registration Section
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 Status ☐ \$155.00 Filing Fee & Certified Copy ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy

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STATE OF FLORIDA
TALLAHASSEE, FLORIDA

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

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN
LIMITED LIABILITY COMPANY TO TRANSACTIONS BUSINESS IN THE STATE OF FLORIDA:

1. Spectrum Doctors Laboratory, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written
consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability
Company," "L.L.C.," "LLC.")

2. North Carolina 3. 27-3570901
(Jurisdiction under the law of which foreign limited liability company is organized) (FBI number, if applicable)

4. 09/27/2010 5. Perpetual
(Date of Organization) (Duration; Year limited liability company will cease to exist or "perpetual")

6. N/A
(Date first transacted business in Florida, if prior to registration.)
(See sections 608.501 & 608.502 F.S. to determine penalty liability)

7. 4380 Federal Drive, Suite 100
Greensboro, NC 27410
(Street Address of Principal Office)

8. If limited liability company is a manager-managed company, check here ☐

9. The name and usual business addresses of the managing members or managers are as follows:

Triad Laboratory Alliance, LLC, Managing Member

4380 Federal Drive, Suite 100

Greensboro, NC 27410

10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in
the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a
translation of the certificate under oath of the translator must be submitted.)

11. Nature of business or purposes to be conducted or promoted in Florida: _____

Medical laboratories

[Signature]
Signature of a member or an authorized representative of a member.
(In accordance with section 608.408(3), F.S., the execution of this document constitutes
an affirmation under the penalties of perjury that the facts stated herein are true.)

Triad Laboratory Alliance, LLC, by:
Typed or printed name of signee

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TALLAHASSEE, FLORIDA
SECRETARY OF STATE

**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 the Limited Liability Company is:

Spectrum Doctors Laboratory, LLC

If unavailable, the alternate to be used in the state of Florida is:

North Carolina

2. The name and the Florida street address of the registered agent and office are:

CT Corporation System

(Name)

1200 South Pine Island Road

Florida Street Address (P.O. Box NOT ACCEPTABLE)

Plantation

FL 33324

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.

CT Corporation System

By: Michael Scraphin Michael Scraphin Asst. Secretary
(Signature)

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

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TALLAHASSEE, FLORIDA
SECRETARY OF STATE



NORTH CAROLINA
Department of The Secretary of State

CERTIFICATE OF EXISTENCE
(Limited Liability Company)

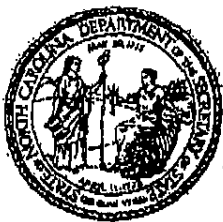
I, Blaine F. Marshall, Secretary of State of the State of North Carolina, do hereby
certify that

SPECTRUM DOCTORS LABORATORY, LLC

is a limited liability company duly formed under the laws of the State of North
Carolina, having been formed on the 27th day of September, 2010, with its period of
duration being Perpetual.

I FURTHER certify that the said limited liability company's articles of
organization are not suspended for failure to comply with the Revenue Act of the State
of North Carolina; that the said limited liability company is not administratively
dissolved for failure to comply with the provisions of the North Carolina Limited
Liability Company Act; and that the said limited liability company has not filed articles
of dissolution as of this date of this certificate.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



IN WITNESS WHEREOF, I have hereunto set
my hand and affixed my official seal at the City
of Raleigh, this 1st day of October, 2010.

Blaine F. Marshall

Secretary of State