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(Address)				
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PICK-UP WAIT MAIL				
(Business Entity Name)				
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Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

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SECRETARY OF STATE
OF THE PROPERTY OF STATE
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1JUN 25 2013 D. BRUCE



June 18, 2013

Division of Corporations
Florida Department of State
Clifton Building
P.O. Box 6327
Tallahassee: FE: 32314

Tallallassee, FL 32314

RE: Pathology Associates Medical Laboratories, LLC

Dear Filing Officer:

Please file the attached Application for Authority for the referenced company. Enclosed please find a check for the requisite fees. Please return evidence of filing to my attention via regular mail.

If for any reason the enclosed cannot be filed upon receipt, please contact the undersigned immediately at (800) 862-5438. Thank you very much for your assistance.

Sincerely.

Victor Alfaño Vice President (

Encl.

2913 JUN 24 PM I2: 27

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

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: Pathology Associates Medical Laboratories, 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.") Washington (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized) 09/16/2009 (Duration: Year limited liability company will cease to (Date of Organization) exist or "perpetual") (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability) 611 N. Perry, Suite 100 Spokane, WA 99202 (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: Francisco R. Velazquez, M.D., S.M., 611 N. Perry, Suite 100, Spokane, WA 99202 Mike Marsh, 611 N. Perry, Suite 100, Spokane, WA 99202 John Fletcher, 611 N. Perry, Suite 100, Spokane, WA 99202 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: Laboratory services for Age Management Medicine practices

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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Francisco R. Velazquez, M.D., S.M., President/CEO/Member

Typed or printed name of signee

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.

	•	• •		
If unavailabl	le, the alternate to be use	ed in the state of Florida is:		
2. The name	By: (Signature)			
		NRAI Services, Inc.		
		(Name)		
		1200 South Pine Island Road		
	Florida S	Street Address (P.O. Box NOT ACCEPTABLE)	JUN 21	
	Plantation	FI. 33324	[-1]	
liability com registered ag statutes relat	pany at the place design gent and agree to act in t ting to the proper and co bligations of my position	City/State/Zip Tent and to accept service of process for the above stated limitated in this certificate, I hereby accept the appointment as this capacity. I further agree to comply with the provisions of the performance of my duties, and I am familiar with an as registered agent as provided for in Chapter 608, Florida	of all	
		(Signature) assistant Secretary		

\$ 25.00 Designation of Registered Agent
 \$ 30.00 Certified Copy (optional)
 \$ 5.00 Certificate of Status (optional)



Secretary of State

I, KIM WYMAN, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

CERTIFICATE OF EXISTENCE/AUTHORIZATION OF PATHOLOGY ASSOCIATES MEDICAL LABORATORIES, LLC

I FURTHER CERTIFY that the records on file in this office show that the above named Limited Liability Company was formed under the laws of the State of WA and was issued a Certificate Of Formation in Washington on 9/16/2009.

I FURTHER CERTIFY that as of the date of this certificate, PATHOLOGY ASSOCIATES

MEDICAL LABORATORIES, LLC remains active and has complied with the filing

requirements of this office.

Date: June 17, 2013

UBI: 602-954-269

STATE OF WASHINGTON 1889 NO.

Given under my hand and the Seal of the State of Washington at Olympia, the State Capital

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Kim Wyman, Secretary of State