

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED  
AND  
FILED

00 NOV -8 PM 2:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # MA9000001052

1. Limited Liability Company's Name

Regional Diagnostics, LLC

**REINSTATEMENT** 2000

2. Principal Office Address

1931 W. Martin Luther  
King Jr. Blvd.

Suite, Apt. #, etc.

Suite A

City & State

Tampa FL

Zip

33607

Country

USA

3. Mailing Office Address

95 Glastonbury Blvd.

Suite, Apt. #, etc.

Third Floor

City & State

Glastonbury, CT

Zip

06033

Country

USA

4. State/Country of Formation

Delaware

5. Date Organized or Qualified  
To Do Business in Florida

6/10/1999

6. FEI Number

59-3585406

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$3.00 Additional Fee required  
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable)

1201 Hays Street

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of  
Registered Agent

Louise B. Smith

Louise B. Smith

REGISTERED AGENT MUST SIGN

Date 11/07/00

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
<u>MGRM</u>	<u>Cambrex Companies Southeast, LLC</u>	<u>1931 W. Martin Luther King Blvd., Suite A</u>	<u>Tampa, FL 33607</u>

900003457079--7

B. 11-8-00

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of  
Managing Member/Manager

Susan Y. Campbell

Date 11-01-00

Daytime Phone # 860-652 2116

Typed or printed name of signing Managing Member/Manager

Susan Y. Campbell, secretary

CR2E041 (9/00)



ACCOUNT NO. : 072100000032

REFERENCE : 889450 5053065

AUTHORIZATION : *Patricia Pizito*

COST LIMIT : \$ 155.00

ORDER DATE : November 7, 2000

ORDER TIME : 10:45 AM

ORDER NO. : 889450-010

CUSTOMER NO: 5053065

CUSTOMER: Ms. Susan Campbell, Esq.  
CAMBER COMPANIES  
CAMBER COMPANIES  
95 Glastonbury Blvd.  
3rd Floor  
Glastonbury, CT 06033

DOMESTIC FILING

NAME: REGIONAL DIAGNOSTICS, LLC

EFFECTIVE DATE:

XX\_\_\_ ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX\_\_\_ PLAIN STAMPED COPY

XX\_\_\_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Darlene Ward

EXAMINER'S INITIALS: \_\_\_\_\_

RECEIVED  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
NOV - 8 AM 11:31  
TO DOMESTIC FILING  
SECTION OF FILING