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| Special Instructions to Fi | ling Officer: | | | |
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COVER LETTER

| TO: Amendment Section Division of Corporations | | | | |
|---|--|--|--|--|
| SUBJECT: AmeriPath Marketing USA, Inc. (Name of Corporation) | | | | |
| DOCUMENT NUMBER: P00000114233 | | | | |
| The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing. | | | | |
| Please return all correspondence concerning this matter to the following: | | | | |
| Gary Sherman (Name of Contact Per | son) | | | |
| Continental Corporate Services, Inc. (Firm/Company) | | | | |
| 189 Franklin Avenue, Suite 1 (Address) | | | | |
| Nutley, NJ 07110 (City/State and Zip Code) | | | | |
| For further information concerning this matter, please call: | | | | |
| Gary Sherman at (8) (Name of Contact Person) (A | 00) 300-5067 rea Code & Daytime Telephone Number) | | | |
| Enclosed is a \$35.00 check made payable to the Department of State. | | | | |
| 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 | | | |

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

| statement of cha | nge is submitted for a corporation o | 7.0502, 607.1508, or 617.1508, Florida $\mathfrak S$ or ganized under the laws of the State of $_$ registered agent, or both, in the State of F | Florida | |
|---|--|--|---|--|
| . The name of the corporation: AmeriPath Marketing USA, Inc. | | | | |
| 2. The principal | office address: 7111 Fariway Dri | ve, Suite 400 | | |
| Palm Bea | ich Gardens, FL 33418 | | | |
| 3. The mailing a | ddress (if different): | | | |
| | | | 20111000 | |
| 4. Date of incorp | poration/qualification: December | 13, 2007 Document number: P0000 | 00114233 | |
| | i street address of the current registe tment of State: | ered agent and registered office on file wi | th the | |
| | Corporation Service Co | mpany | _ | |
| | 1201 Hays Street | | <u>.</u> | |
| | Tallahassee, FL 32301 | | TALL SEC | |
| 6. The name and (if changed): | I street address of the new registered | d agent (if changed) and /or registered off | NOV 19 PM 12: | |
| | NRAI Services, Inc. | | E.F. | |
| | 2731 Executive Park Dr | rive, Suite 4 | LORAL LORAL LORAL | |
| | (P.O. Box NOT acco | eptable) | P 22 | |
| | | | - | |
| The street addre as changed will | ess of its registered office and the s be identical. | street address of the business office of it | s registered agent, | |
| Such change was authorized by if | as authorized by resolution duly ad be board, or the corporation has be | lopted by its board of directors or by an en notified in writing of the change. | officer so | |
| KV C | ire of an officer or director) | Leo C. Farrenkopf, Jr., Sec | | |
| I hereby accept I further agree t of my duties, an document is bei | the appointment as registered age | ent and agree to act in this capacity. Il statutes relative to the proper and con the obligation of my position as registere in the registered office address, I herei ange. | aplete performance d agent. Or, if this by confirm that the | |
| AM? | M | 11/8/07 | | |
| | gnature of Registered Agent) | (Date) | · · · · · · · · · · · · · · · · · · · | |
| If signing on be | half of an entity: | | | |
| | nan, Assistant Secretary | | | |
| (1 | Typed or Printed Name) | | | |

* * * FILING FEE: \$35.00 * * *