Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : CORPORATION SERVICE COMPANY

Account Number : I2000000195 Phone : (850) 521-1000

Fax Number : (850)558-1575



## REGISTERED AGENT CHANGE

## AMERIPATH MARKETING USA, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

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Corporate Filing Menu

Help

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

statement of cha	orovisions of sections 607.0502, 617.0502 nge is submitted for a corporation organiz	zed under the laws of the State of $\overline{\mathrm{Flo}}$	orida	
	r to change its registered office or register	•	rida.	
1. The name of t	he corporation: AMERIPATH MA	RKETING USA, INC.	<u></u>	
2. The principal	office address: 3 Giralda Farms, M	adison, NJ 07940		
3. The mailing a	ddress (if different):			
4. Date of incorp	portation/qualification: 12/13/2000	Document number: P000001	14233	
	street address of the current registered agi	ent and registered office on file with t	the	
	NRAI Services, Inc.			
	2731 Executive Park Drive, Su	ite 4	2009 OCT 21 SEURETAR) TALLAHASSI	
	Weston, FL 33331		発品	
6. The name and (if changed):	street address of the new registered agent	(if changed) and /or registered office	OCT 21 PH	П
	Corporation Service Company		ြင္သ	
	1201 Hays Street		RIE 34	
	(P.O. Box NOT acceptable)			
	Tallahassee, FL 32301			
The street address changed will	ess of its registered office and the street a be identical.	ddress of the business office of its r	egistered agent,	
Such change was authorized by th	is authorized by resolution duly adopted be board, or the corporation has been not	by its board of directors or by an of ified in writing of the change.	ficer so	
Maye	re of an officer or director)	Maureen Cullen, Attorney	in fact	
I hereby accept I further agree to of my duties, an document is bei corporation has	the appointment as registered agent and o comply with the provisions of all statu d I am familiar with and accept the obliging filed merely to reflect a change in the been notified in writing of this change.	l agree to act in this capacity tes relative to the proper and compl gation of my position as registered a registered office address, I hereby o	ete performance igent. Or, if this confirm that the	
BMILE	fille K. Comos	10/19/09		
(Sig	mature of Registered Agent) half of an entity:	(Date)		
	•			
	Vannoy, Assistant VP  yped or Printed Name)			
	* * * FILING FE	R: \$35.00 * * *		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)