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 : I20000000195
Phone : (850)521-1000
Fax Number : (850)558-1575

ARY OF STATE

REGISTERED AGENT CHANGE

AMERIPATH CONSOLIDATED LABS, INC.

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Estimated Charge	\$35.00	

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Corporate Filing Menu

Help

${\mathcal I}$ statement of change of registered office or registered agent or both for corporations

	provisions of sections 607.0502, 617.0502					
	inge is submitted for a corporation organi er to change its registered office or registe					
1. The name of	the corporation: AMERIPATH CO	NSULIDATED LABS, INC.				
2. The principal office address: 3 Giralda Farms, Madison, NJ 07940						
		·				
3. The mailing a	address (if different):					
4. Date of incorp	poration/qualification: 01/02/2002	Document number: P020000	00556			
	d street address of the current registered agreement of State:	gent and registered office on file with the	ìe			
	NRAI Services, Inc.					
	2731 Executive Park Drive, Su	2009 OCT 2 SECRETAL TALLAHAS				
	Weston, FL 33331					
6. The name and (if changed):	d street address of the new registered agen	t (if changed) and /or registered office	PH 3:			
Corporation Service Company						
	1201 Hays Street					
	(P.O. Box NOT acceptable)					
•	Tallahassee, FL 32301					
The street address changed will	ess of its registered office and the street a be identical.	address of the business office of its re	gistered agent,			
Such change we authorized by the	as authorized by resolution duly adopted he board, or the corporation has been not	by its board of directors or by an off tified in writing of the change.	icer so			
Mauran Cullar (Signature of an officer of diffector)		Maureen Cullen, Attorney in fact				
corporation nas	the appointment as registered agent and to comply with the provisions of all statud I am familiar with and accept the oblining filed merely to reflect a change in the seen notified in writing of this change. tion Service Company	d agree to act in this capacity, utes relative to the proper and comple gution of my position as registered as registered office address, I hereby c	te performance gent. Or, if this onfirm that the			
BATTLE	will to Dame	10/19/2009				
•	gnature of Registered Agent)	(Date)				
- -	chalf of an entity:					
Michelle R.						
(.	Typed or Printed Name)					

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