## P03450

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
•				
PICK-UP	MAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
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TALL AHASSES, FLORIDA

CAMIS

C. LEWIS

APR 2 2 2014

EXAMINER



CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Morgan Kennedy

Date: April 10, 2014

Order#: 080564-003

Re: DOCTORS LABORATORY, INC.

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35.00.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX \_\_ Please return evidence to the following:

Attn: Morgan Kennedy c/o Corporation Service Company 2711 Centerville Road, Suite 400 Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

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

statement of ch	provisions of sections 607.0302, 617 ange is submitted for a corporation o er to change its registered office or re	rganized under the la	tws of the State of	GA
1. The name of	the corporation: DOCTORS LABOR	ATORY, INC.		
	l office address: DR SUITE 100, VALDOSTA GA 3°			
3. The mailing a	address (if different):			
4. Date of incor	poration/qualification: 09/21/1984	Document	number: P03450	
	d street address of the current registe atment of State: (If resigned, enter res		ed office on file w	rith the
	CT CORPORATION SYSTEM			
	1200 S. PINE ISLAND ROAD	•		
	PLANTATION	FL	33324	SE COL
6. The name and (if changed):	d street address of the new registered	agent (if changed) ar	nd /or registered of	14 APR 14 PH
	Corporation Service Company			20 -
	1201 Hays Street			9. J. 3.
	P.O. Box Tallahassee	NOT acceptable	32301	, , , , , , , , , , , , , , , , , , ,
	ess of its registered office and the st l be identical. as authorized by resolution duly add he board, or the corporation has bee	reet address of the bi	usiness office of it	
authorized by the	he board, or the corporation has bee	n notified in writing		Vice President
Signa	re of an other or director	Prin	led or typed name and tit	
performance of agent. Or, if the hereby confirm	t the appointment as registered agen to comply with the provisions of all fmy duties, and I am familiar with a his document is being filed merely to that the corporation has been notifi on Service Company	nd accept the obliga reflect a change in t	tion of my position he registered offic	n as registered
By:	maco Ctuble  enature of Registered Agent	April 7, 2014	Date	
-	ehalf of an entity:		200	
Grace E. Kirby	Asst. Vice President			
Ţ	Typed or Printed Name			-

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

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