P03450

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ACCOUNT NO. : I2000000195 REFERENCE: 549803 5166594 AUTHORIZATION : COST LIMIT ORDER DATE: March 16, 2015 ORDER TIME : 9:32 AM ORDER NO. : 549803-010 CUSTOMER NO: 5166594 FOREIGN FILINGS NAME: DOCTORS LABORATORY, INC. XX CORPORATE _ LIMITED PARTNERSHIP LIMITED LIABILITY COMPANY XXXX WITHDRAWAL/CANCELLATION PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: XX CERTIFIED COPY PLAIN STAMPED COPY ____ CERTIFICATE OF STATUS

EXAMINER:

CONTACT PERSON: Courtney Williams - EXT# 62935

COVER LETTER

TO:	Amendment Section Division of Corporations			
SUBJ!	ECT: Doctors Laboratory, Inc.			
		(Name of Corpo	oration)	
DOCU	JMENT NUMBER: P03450			
The en	closed withdrawal application and	fee are submitted	for filing.	
	return all correspondence concerning to the following:	g this		
	Gary Sherman			
		(Name of Perso	n)	
	Corporation Service Company			
		(Firm/Company	y)	
1180 Avenue of the Americas, Suite 210				
		(Address)	1	
	New York, NY 10036			
	(0	City/State and Zip	code)	
For fur	ther information concerning this mat	ter, please call:		
Dawn M. Leahy		973 at (520-2187	
Enclos	(Name of Person) ed is a check for the amount:	(Area	a Code & Daytime Telephone Number)	
\$35	Filing Fee \$\int \$43.75 Filing Fee & Certificate of Status	\$43.75 Filing I Certified Copy (Additional co Enclosed)	Certificate of Status & Certified	
	MAILING ADDRESS: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL.32314		STREET ADDRESS: Amendment Section Division of Corporations 2661 Executive Center Circle Tallahassee, FL. 32301	

APPLICATION BY FOREIGN CORPORATION FOR WITHDRAWAL OF AUTHORITY TO TRANSACT BUSINESS OR CONDUCT AFFAIRS IN FLORIDA

Doctors Laboratory, Inc.

	(Name of Corporation)			
i	P03450	if known)		
-	(Document Number of Corporation (if known)			
(Georgia	•		
_	(Incorporated Under Laws o	n ·		
	oration is no longer transacting business or conducting at y surrenders its authority to transact business or conduct a			
appoints the	oration revokes the authority of its registered agent in the Department of State as its agent for service of proces was authorized to transact business or conduct affairs in	s based on a cause of action arising during		
The follow	ving is a current mailing address for the corporation:			
C	do Quest Diagnostics, 3 Giralda Farms			
	(Mailing Address)			
N	Madison, NJ 07940			
_	(City/ State /Zip)			
_	ration agrees to notify the Department of State in the future of the future of a director, president or other officer - if in the hands of a seiver or other court appointed fiduciary, by that fiduciary)	re of any change in its mailing address. February 27, 2015 (Date)		
Wi	lliam J. O'Shaughnessy, Jr.	Secretary		
	(Typed or printed name of person signing)	(Title of person signing)		