

1. The first part of the document is a title page.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P12000077800

1. Corporation Name

MedStar Laboratory of Florida, Inc.

CR2E081 (11/10)

| | |
|--|---|
| 4. Date Incorporated or Qualified To Do Business in Florida 09/13/2012 | |
| 5. FEI Number 30-0749485 | Applied For Not Applicable |
| 6. CERTIFICATE OF STATUS DESIRED YES | \$6.75 Additional Fee required for a Certificate of Status |

| | | |
|--|-------------|-------------------|
| 7. Name and Address of Current Registered Agent | | |
| Name NRAI Services, Inc. | | |
| Street Address (P.O. Box Number is Not Acceptable) 12000 South Pine Island Road | | |
| Suite, Apt. #, Etc. --- | | |
| City Plantation | State FL | Zip Code 33324 |

100253894291
11/18/13--01001--009 **750.00

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent Timothy B. Elliott Date Timothy B. Elliott

REGISTERED AGENT MUST SIGN

| 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) | | | |
|---|-----------------------------------|--|--------------------|
| Titles | Name of Officers and/or Directors | Street Address of Each Officer and/or Director | City / State / Zip |
| P | Narendra Patel | 4531 Harrison | Hillside, IL 60102 |
| VP | Nilesh Patel | 4531 Harrison | Hillside, IL 60102 |
| Sec | Rajesh Patel | 4531 Harrison | Hillside, IL 60102 |
| | | | |
| | | | NOV 15 2013 |
| | | | M. WILLIAMS |

10. **E-mail Address:** RobLaw@aol.com

(To be used for future annual report notification)

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/12/2013

Rajesh Patel

014

Paradoxes of Physics