

P1300068015

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

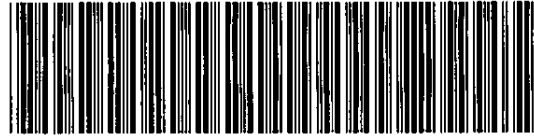
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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08/22/13--01003--023 **52.50

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATION
2013 AUG 22 PM 1:31
NOT RECORDED
TO ALABAMA
SUFFICIENCY OF FILING
ALLAHASSEE, FLORIDA
FILED
AUG 22 2013
LEMEUX

Handwritten signature



Wolters Kluwer
Corporate Legal Services

CT Corporation

515 East Park Avenue
Tallahassee, FL 32301

850 222 1092 tel
850 222 7615 fax
www.ctcorporation.com

August 22, 2013

Department of State, Florida
Clifton Building
2611 Executive Center Circle
Tallahassee FL 32301

Re: Order #: 8867076 SO
Customer Reference 1: ...
Customer Reference 2: ...

Dear Department of State, Florida:

Please obtain the following:

Long Island Pathology, P.A. (FL)
New Name: New Name: Long Island Pathology, Inc.
Amendment (Change of Name)
Florida

Long Island Pathology, P.A. (FL)
New Name: New Name: Long Island Pathology, Inc.
Obtain Document - Misc - Certified Copy of Evidence - Amendment
Florida

Long Island Pathology, P.A. (FL)
New Name: New Name: Long Island Pathology, Inc.
Obtain Document - Misc - Certificate of Status - New Name - Long Island
Pathology, Inc.
Florida

Enclosed please find a check for the requisite fees. Please return document(s) to the attention of the undersigned.

If for any reason the enclosed cannot be processed upon receipt, please contact the undersigned immediately at (850) 222-1092. Thank you very much for your help.

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Long Island Pathology, P.A.

DOCUMENT NUMBER: _____

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Nurten Hayirli

Name of Contact Person

Long Island Pathology, P.A.

Firm/ Company

10-2 Technology Drive

Address

East Setauket, NY 11733

City/ State and Zip Code

nurten@lipath.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Nurten Hayirli

Name of Contact Person

at (631) 675-1777

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input checked="" type="checkbox"/> \$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy
is enclosed) |
|--|--|---|---|

Mailing Address

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment
to
Articles of Incorporation
of

Long Island Pathology, P.A.

(Name of Corporation as currently filed with the Florida Dept. of State)

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

Long Island Pathology, Inc.

The new

name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

n/a

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

n/a

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent n/a

(Florida street address)

New Registered Office Address: n/a

(City)

, Florida

(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

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2013 AUG 22 PM 2:50
TALLAHASSEE, FL 32301

(Attach additional sheets, if necessary)

P = President; V= Vice President; T= Treasurer; S= Secretary; D= Director; TR= Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

<u>X</u> Change	<u>PT</u>	<u>John Doe</u>
<u>X</u> Remove	<u>V</u>	<u>Mike Jones</u>
<u>X</u> Add	<u>SV</u>	<u>Sally Smith</u>

Title

Name

Address

1) Change

n/a

10-2 Technology Drive

Add

Remove

2) Change

Add

Remove

3) Change

Add

Remove

4) Change

Add

Remove

5) Change

Add

Remove

6) Change

Add

Remove

E. If amending or adding additional Articles, enter change(s) here:

(Attach additional sheets, if necessary). (Be specific)

Please see attachment.

F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:

(if not applicable, indicate N/A)

n/a

**ARTICLES OF AMENDMENT
TO
ARTICLES OF INCORPORATION
OF
LONG ISLAND PATHOLOGY, P.A.**

LONG ISLAND PATHOLOGY, P.A., a Florida professional corporation (the "Corporation"), hereby amends its Articles of Incorporation (the "Articles") for the purposes set forth below in accordance with the Florida Business Corporation Act.

1. The date of the filing of the Articles of the Corporation was August 19, 2013 and assigned Florida document number P13000068015

2. The following amendment to the Articles of the Corporation is adopted by the Corporation: Article II is hereby deleted in its entirety and replaced with the following:

"The name of the corporation is: LONG ISLAND PATHOLOGY, INC."

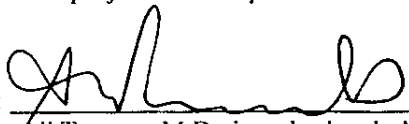
3. The following amendment to the Articles of the Corporation is adopted by the Corporation: Article III is hereby deleted in its entirety and replaced with the following:

"Business and Purpose: The general nature of the business to be transacted by the Corporation is to conduct any and all lawful activities or business permitted under the laws of the United States of America and the State of Florida and in particular, without limitation, Chapter 607 of the Florida Statutes, entitled the Florida Business Corporation Act, including conducting laboratory services."

4. All of the provisions of the Articles of the Corporation not amended herein are hereby ratified, confirmed and shall remain unchanged.

IN WITNESS WHEREOF, the undersigned has executed these Articles of Amendment to the Articles of Incorporation as of this 19 day of August, 2013.

LONG ISLAND PATHOLOGY, P.A.,
a Florida professional corporation

By: 

Ali Tamsen, M.D., its sole shareholder and director

The date of each amendment(s) adoption: _____, if other than the date this document was signed.

Effective date if applicable: _____
(no more than 90 days after amendment file date)

Adoption of Amendment(s) (CHECK ONE)

☒ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.

☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):

"The number of votes cast for the amendment(s) was/were sufficient for approval

by _____"
(voting group)

☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.

☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Dated _____

Signature _____

(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Ali Tamsen, M.D.

(Typed or printed name of person signing)

Sole shareholder and director

(Title of person signing)