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APR 2.1. 2015



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#: 080564/004

Re: HAYES CLINICAL 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 Return Regular Mail in the enclosed envelope.

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

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

INCA.XCOA

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

statement of cha	provisions of sections 607.0502, 617.050 ange is submitted for a corporation organ ar to change its registered office or regist	nized under the la	rws of the State of	FL
	the corporation: HAYES CLINICAL LAB	-	in, in the sidile by	i toriua.
2. The principal	office address:			
3. The mailing a	address (if different):			
4. Date of incorp	poration/qualification: 03/04/1999	Document	number: P99000	021459
	d street address of the current registered artment of State: (If resigned, enter resign		ed office on file w	ith the
	CT CORPORATION SYSTEM			_
	1200 S PINE ISLAND ROAD			
	Plantation	FL	33324	
6. The name and (if changed):	d street address of the new registered age	ent (if changed) ar	nd /or registered of	APR 14
	Corporation Service Company			
	1201 Hays Street			PHII:47
	P.O. Box NO	·-		
	Tallahassee	FL	32301	•
The street address changed will	ess of its registered office and the street be identical.	address of the bu	usiness office of it	ts registered agent,
Such change wa authorized by th	as authorized by resolution duly adopted ne board, or the corporation has been no	d by its board of outling of the strain of t	directors or by an of the change.	officer so
			Dona Priebe	Vice President
I hereby accept I further agree performance of agent. Or, if the hereby confirm Corporation	the appointment as registered agent an to comply with the provisions of all state my duties, and I am familiar with and a is document is being filed merely to refit that the corporation has been notified in Service Company	nd agree to act in utes relative to th accept the obligat lect a change in t in writing of this	he proper and con	nnlete
By: \mathcal{L}_{Sig}	Inace 2-Kuby	April 7, 2014		
	chalf of an entity:			
_	Asst. Vice President			
	yped or Printed Name			
	* * * FILING FE	E: \$35.00 * * *		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314