

**F12000001019**

Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
 Fax Number : (850) 617-6381

From: Account Name : AGENTS AND CORPORATIONS, INC  
 Account Number : I20010000112  
 Phone : (302) 575-0875  
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**FOREIGN PROFIT/NONPROFIT CORPORATION  
GALAXY DIAGNOSTICS, INC.**

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 0       |
| Page Count            | 03      |
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**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA*

1. GALAXY DIAGNOSTICS, INC.  
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. NORTH CAROLINA 3. 28-1498513  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. OCTOBER 29, 2007 5. perpetual  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. UPON QUALIFICATION  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 7030 Kit Creek Rd, Suite 270, Research Triangle Park, NC 27560  
(Principal office address)

PO Box 14346, Research Triangle Park, NC 27709  
(Current mailing address)

8. medical laboratory services  
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Agents and Corporations, Inc.

Office Address: 300 Fifth Avenue South, Ste 101-330

Naples, Florida 34102  
(City) (Zip code)

**10. Registered agent's acceptance:**

*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

AGENTS AND CORPORATIONS, INC.

By: [Signature]  
(Registered agent's signature) John L. Williams, VP

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

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12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: Edward Breitschwerdt, DVM  
Address: NCSU-CVM Vector Borne Disease Lab, 1060 William Moore Drive, Room 462A, Raleigh, NC 27607

Vice Chairman:  
Address:

Director: Ricardo G. Maggi, PhD  
Address: NCSU-CVM Vector Borne Disease Lab, 1060 William Moore Drive, Room 462A, Raleigh, NC 27607

Director: Amanda Elam, PhD  
Address: 7030 Kit Creek Rd, Suite 270, Research Triangle Park NC 27560

B. OFFICERS

President: Amanda Elam, PhD  
Address: 7030 Kit Creek Rd, Suite 270, Research Triangle Park, NC 27560

Vice President:  
Address:

Secretary:  
Address:

Treasurer:  
Address:

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13.  Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is 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.

14. AMANDA ELAM, PRESIDENT  
(Typed or printed name and capacity of person signing application)

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# NORTH CAROLINA

## Department of the Secretary of State

### CERTIFICATE OF EXISTENCE

I, Elaine F. Marshall, Secretary of State of the State of North Carolina, do hereby certify that

### **GALAXY DIAGNOSTICS, INC.**

is a corporation duly incorporated under the laws of the State of North Carolina, having been incorporated on the 29th day of October, 2007, with its period of duration being Perpetual.

I FURTHER certify that, as of the date set forth hereunder, the said corporation's articles of incorporation are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said corporation is not administratively dissolved for failure to comply with the provisions of the North Carolina Business Corporation Act; that its most recent annual report required by N.C.G.S. 55-16-22 has been delivered to the Secretary of State; and that the said corporation has not filed articles of dissolution as of the date of this certificate.

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DIVISION OF CORPORATIONS

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 5th day of March, 2012.

*Elaine F. Marshall*

Secretary of State



Scan to verify online.