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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

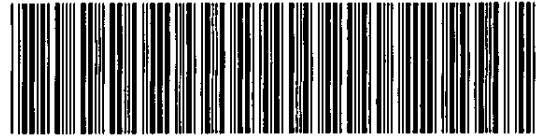
(Business Entity Name)

(Document Number)

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FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302

155 Office Plaza Dr Ste A Tallahassee FL 32301

PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 09-06-2012

NAME: HEALTH DIAGNOSTIC LABORATORY, INC.

**TYPE OF FILING: APPLICATION BY FOREIGN CORPORATION TO
TRANSACT BUSINESS IN FLORIDA**

COST: \$870 + \$8.75= \$878.75

RETURN: CERTIFIED COPY

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE

Abbie Hodge

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Health Diagnostic Laboratory, Inc.
Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Capitol Services Corporate Filings Team
Name of Person

Capitol Services, Inc.
Firm/Company

800 Brazos, Suite 400
Address

Austin, TX 78701
City/State and Zip code

generalcounsel@hdlabinc.com

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

For further information concerning this matter, please call:

Tara Morales at (800) 345-4647
Name of Person Area Code & Daytime Telephone Number

IMPORTANT: The email address entered here will be utilized for future ANNUAL REPORT NOTIFICATIONS!!

STREET/COURIER ADDRESS:
New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:
New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- \$70.00 Filing Fee
- \$78.75 Filing Fee & Certificate of Status
- \$78.75 Filing Fee & Certified Copy
- \$87.50 Filing Fee, Certificate of Status & Certified Copy



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 7, 2012

FLORIDA FILING & SEARCH SERVICES, INC.

SUBJECT: HEALTH DIAGNOSTIC LABORATORY, INC.
Ref. Number: W12000046217

We have received your document for HEALTH DIAGNOSTIC LABORATORY, INC. and the authorization to debit your account in the amount of \$78.75. However, the document has not been filed and is being returned for the following:

According to the application submitted to this office, this entity transacted business in the state of Florida before properly registering with the Florida Department of State, Division of Corporations. Consequently, a \$500 civil penalty and an annual report filing fee for each year the entity failed to properly file a Florida annual report are due this office. Based on the date entered on the application, the civil penalty and annual report filing fees total \$800.00.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Ruby Dunlap
Regulatory Specialist II

Letter Number: 512A00022613

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. Health Diagnostic Laboratory, 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. Virginia 3. 26-3740119
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 11/25/2008 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. 9/1/2010
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 737 N. 5th Street, Suite 103, Richmond, VA 23219
(Principal office address)

Same as above.
(Current mailing address)

8. The Company is an accredited clinical laboratory focused on disease management.
(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: Capitol Corporate Services, Inc.

Office Address: 155 Office Plaza Dr Ste A

Tallahassee, Florida 32301
(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.

[Handwritten signature]

Krista Ali, Assistant Secretary on behalf of Capitol Corporate Services, Inc.

(Registered agent's signature)

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: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: Tonya S. Mallory

Address: 737 N. 5th Street, Suite 103, Richmond, VA 23219

Director: Joseph McConnell

Address: 737 N. 5th Street, Suite 103, Richmond, VA 23219

B. OFFICERS

President: Tonya S. Mallory

Address: 7 N. 5th Street, Suite 103, Richmond, VA 23219

Vice President: _____

Address: _____

Secretary: Tonya S. Mallory

Address: 7 N. 5th Street, Suite 103, Richmond, VA 23219

Treasurer: Stephen G. Carroll

Address: 7 N. 5th Street, Suite 103, Richmond, VA 23219

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. Stephen G. Carroll, Treasurer

(Typed or printed name and capacity of person signing application)

Attachment to the
Application by Foreign Corporation for
Authorization
to Transact Business in Florida for

Health Diagnostic Laboratory, Inc., a Virginia corporation

Item 12 -- Names and business addresses of officers and/or directors:

Additional Director:

Director: Russ Warnick
Address: 737 N. 5th Street, Suite 103, Richmond, VA 23219

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Commonwealth of Virginia



State Corporation Commission

CERTIFICATE OF GOOD STANDING

I Certify the Following from the Records of the Commission:

That Health Diagnostic Laboratory, Inc. is duly incorporated under the law of the Commonwealth of Virginia;

That the date of its incorporation is November 25, 2008;

That the period of its duration is perpetual; and

That the corporation is in existence and in good standing in the Commonwealth of Virginia as of the date set forth below.

Nothing more is hereby certified.

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TALLAHASSEE, FLORIDA



*Signed and Sealed at Richmond on this Date:
August 24, 2012*

Joel H. Peck

Joel H. Peck, Clerk of the Commission