I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ADAM LOGAL

ACCOUNTING DEPT.

City-State-Zip: ELMWOOD PARK NJ 07407

VICE PRESIDENT

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT DOCUMENT# P00000052389

Entity Name: MERIDIAN CLINICAL LABORATORY CORP.

Current Principal Place of Business:

481 EDWARD H ROSS DRIVE ELMWOOD PARK, NJ 07407

Current Mailing Address:

481 EDWARD H. ROSS DR. ACCOUNTING DEPT. ELMWOOD PARK, NJ 07407 US

FEI Number: 65-1014344

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 US

SIGNATURE: DONNA MOCH

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

	Electronic Signature of Registered Agent			Date
Officer/Dire	ctor Detail :			
Title	PRESIDENT	Title	VP, TREASURER	
Name	GEOFFREY, MONK	Name	LOGAL, ADAM	
Address	481 EDWARD H. ROSS DR.	Address	4400 BISCAYNE BLVD.	
City-State-Zip:	ACCOUNTING DEPT. ELMWOOD PARK NJ 07407	City-State-Zip:	MIAMI FL 33137	
Title	VP	Title	VP, MANAGING DIRECTOR	
Name	RUBIN, STEVEN D	Name	SOLOMON, BENJAMIN	
Address	4400 BISCAYNE BLVD.	Address	481 EDWARD H. ROSS DR.	
City-State-Zip:	MIAMI FL 33137	City-State-Zip:	ELMWOOD PARK NJ 07407	.RK NJ 07407
Title	SECRETARY			
Name	INMAN, KATE			
Address	481 EDWARD H. ROSS DR.			

Electronic Signature of Signing Officer/Director Detail

04/15/2019

Certificate of Status Desired: No

04/15/2019 Date