

2021 FLORIDA PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P00000052389

Entity Name: MERIDIAN CLINICAL LABORATORY CORP.

Current Principal Place of Business:

481 EDWARD H ROSS DRIVE
ELMWOOD PARK, NJ 07407

FILED
Mar 24, 2021
Secretary of State
7784731205CR

Current Mailing Address:

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

FEI Number: 65-1014344

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

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

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.

SIGNATURE: DONNA MOCH

03/24/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name GEOFFREY, MONK
Address 481 EDWARD H. ROSS DR.
 ACCOUNTING DEPT.
City-State-Zip: ELMWOOD PARK NJ 07407

Title VP, TREASURER
Name LOGAL, ADAM
Address 4400 BISCAYNE BLVD.
City-State-Zip: MIAMI FL 33137

Title VP
Name RUBIN, STEVEN D
Address 4400 BISCAYNE BLVD.
City-State-Zip: MIAMI FL 33137

Title VP, MANAGING DIRECTOR
Name SOLOMON, BENJAMIN
Address 481 EDWARD H. ROSS DR.
City-State-Zip: ELMWOOD PARK NJ 07407

Title SECRETARY
Name GREEN, CAMIELLE
Address 481 EDWARD H. ROSS DR.
 ACCOUNTING DEPT.
City-State-Zip: ELMWOOD PARK NJ 07407

Title EXECUTIVE CHAIRMAN
Name COHEN, M.D., JON
Address 481 EDWARD H ROSS DRIVE
City-State-Zip: ELMWOOD PARK NJ 07407

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

VP, TREASURER

03/24/2021

Electronic Signature of Signing Officer/Director Detail

Date