

**2023 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

**Current Mailing Address:**

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

**FEI Number: 65-1014344**

**Certificate of Status Desired: No**

**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**

**06/27/2023**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

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

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

Title            VP, DIRECTOR  
Name            RUBIN, STEVEN D.  
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: CAMIELLE GREEN**

**SECRETARY**

**06/27/2023**

Electronic Signature of Signing Officer/Director Detail

Date