



Dear Laboratory Director

Attached below is your clinical laboratory certificate.
Your certificate is void after the expiration date below.

Expiration Date: January 15, 2020

HISTOLOGY ASSOCIATES, INC.
22221 GREATER MACK AVE STE E
SAINT CLAIR SHORES MI 48080-2351

DISPLAY:

State law requires that the clinical laboratory certificate shall be conspicuously posted in the clinical laboratory.

**CHANGE OF LABORATORY NAME,
DIRECTOR, OWNER AND/OR ADDRESS:**

State law requires that the laboratory owner and/or the director notify this office within 30 days of any change in ownership, name, location, or laboratory directors. **YOUR CERTIFICATE ALSO WILL BE AUTOMATICALLY REVOKED 30 DAYS AFTER A MAJOR OWNER AND/OR DIRECTOR CHANGE.**

You must submit a completed application for a new clinical laboratory certificate within those 30 days or cease engaging in clinical laboratory practice. Mail written notification and/or application to the address indicated below.

CALIFORNIA DEPARTMENT OF PUBLIC HEALTH
Laboratory Field Services, Facility Licensing Section
850 Marina Bay Parkway, Building P, 1st Floor
Richmond, CA 94804-6403

Thank you for your cooperation.

Lab 142A Labclin (01-17)

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State of California Department of Public Health

CLINICAL LABORATORY CERTIFICATE OF DEEMED STATUS

In accordance with the provisions of Chapter 3, Division 2 of the Business and Professions Code, the persons named below are hereby issued a certificate to operate a clinical laboratory at the indicated address or other site(s) on file with the department.

**HISTOLOGY ASSOCIATES, INC.
22221 GREATER MACK, SUITE E
ST. CLAIR SHORES MI 48080**

OWNER(S):

REDLEAF VENTURES, INC.
ROBERT CARPENTER .
CODY CHANDLER .

DIRECTOR(S):

RABEI W BDEIR MD

LAB ID Number: CDS00800138
Effective Date: January 15, 2019
Valid Until: January 15, 2020
CLIA Number: 23D0650582

Robert J. Thomas

Robert J. Thomas, Chief
Laboratory Field Services