

State of



Tennessee

Department of Health

This is to Certify, that a License is hereby granted by the Tennessee Department of Health to:

GENETICS ASSOCIATES, LLC

Medical Laboratory Director: SOPHIA DWANNA STEWART, PHD

Ownership Type: CORPORATION

To conduct and maintain a Medical Laboratory in the Specialty (ies) of:

CLINICAL CYTOGENETICS



On the premises located at 1916 PATTERSON STREET, SUITE 400, NASHVILLE, TN 37203
County of DAVIDSON, TN.

This license shall expire February 28, 2027.

This license shall be displayed in a conspicuous place where it may be viewed by the public. The holder of this license is subject to the provisions of T.C.A. 68-29-111 and regulations thereto. This license shall not be assignable or transferrable, and shall be subject to revocation at any time by the State Department of Health for failure to comply with the laws of the State of Tennessee or the rules and regulations of the State Department of Health issued thereunder.

In Witness Whereof, we have hereunto set our hand and seal of the State this 13th day of February, 2026.

TENNESSEE DEPARTMENT OF HEALTH

Handwritten signature of John R. Dunn.

Commissioner, Dept. of Health

Handwritten signature of Jennifer L. Putnam, Esq.

Assistant Commissioner, Health Licensure and Regulation