FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

1 OF 2

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **858037** **(5)**

1. Corporation Name

ALLIED CLINICAL LABORATORIES, INC.

800001899228
-07/19/96--01027--005
***200.00

Principal Place of Business	Mailing Address
4225 EXECUTIVE SQUARE SUITE 800 LA JOLLA CA 92037	4225 EXECUTIVE SQUARE SUITE 800 LA JOLLA CA 92037

3. Date Incorporated or Qualified: **10/07/1983**
3a. Date of Last Report: **04/28/1995**

2. Principal Place of Business
21: 358 S. MAIN ST.
Suite, Apt. #, etc.
22: P.O. BOX 2230
City & State
23: BURLINGTON, NC
Zip 24: 27216-2230 Country 25:

2a. Mailing Address
26: P.O. BOX 2230
Suite, Apt. #, etc.
27: TAX DEPT
City & State
28: BURLINGTON, NC.
Zip 29: 27216-2230 Country 30:

4. FEI Number: **87-0274059** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name:
82 Street Address (P.O. Box Number is Not Acceptable): 600 EAST JEFFERSON ST.
83:
84 City: TALLAHASSEE **FL** 85 Zip Code: 32301

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ DATE: _____
Signature, typed or printed name of registered agent, and title if applicable (NOTE: Registered agent signature required when filing)

12. OFFICERS AND DIRECTORS		13. (SEE ATTACHED) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P ☑ DELETE	1.1 TITLE	PRESIDENT / DIRECTOR ☐ Change ☑ Addition
NAME	COCHRANE JR., HAYWOOD D.	1.2 NAME	JAMES B POWELL, M.D
STREET ADDRESS	2515 PARK PLAZA	1.3 STREET ADDRESS	358 SOUTH MAIN ST.
CITY-ST-ZIP	NASHVILLE FL	1.4 CITY-ST-ZIP	BURLINGTON, NC 27216-2230
TITLE	VP ☑ DELETE	2.1 TITLE	EXEC. V.P. - CFO/DIR. ☐ Change ☑ Addition
NAME	HAYDEN JR., GERARD M.	2.2 NAME	HAYWOOD D. COCHRANE
STREET ADDRESS	2515 PARK PLAZA	2.3 STREET ADDRESS	358 SOUTH MAIN ST.
CITY-ST-ZIP	NASHVILLE FL	2.4 CITY-ST-ZIP	BURLINGTON, NC 27216-2230
TITLE	VP ☑ DELETE	3.1 TITLE	EXEC V.P. - COO/DIR. ☐ Change ☑ Addition
NAME	SUTTLE, LOUIS D.	3.2 NAME	DAVID C. WEAVIL
STREET ADDRESS	2515 PARK PLAZA	3.3 STREET ADDRESS	358 SOUTH MAIN ST.
CITY-ST-ZIP	NASHVILLE TN	3.4 CITY-ST-ZIP	BURLINGTON, NC 27216-2230
TITLE	VP ☑ DELETE	4.1 TITLE	SECRETARY / DIR. ☐ Change ☑ Addition
NAME	SUTTLE, LOUIS D.	4.2 NAME	BRADFORD T. SMITH
STREET ADDRESS	2515 PARK PLAZA	4.3 STREET ADDRESS	358 SOUTH MAIN ST.
CITY-ST-ZIP	NASHVILLE TN	4.4 CITY-ST-ZIP	BURLINGTON, NC 27216-2230
TITLE	VP ☑ DELETE	5.1 TITLE	VP - FINANCE / TREASURER ☐ Change ☑ Addition
NAME	WEST, ROBERT R.	5.2 NAME	WESLEY R. ELINGBURG
STREET ADDRESS	2515 PARK PLAZA	5.3 STREET ADDRESS	231 MAPLE AVE.
CITY-ST-ZIP	NASHVILLE TN	5.4 CITY-ST-ZIP	BURLINGTON, NC 27216-2230
TITLE	VP ☑ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	FARRINGTON, J. MARK	6.2 NAME	
STREET ADDRESS	2515 PARK PLAZA	6.3 STREET ADDRESS	
CITY-ST-ZIP	NASHVILLE TN	6.4 CITY-ST-ZIP	

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Wesley R. Elingburg 4/30/96 910 229 1127
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)

04/30/96 10:49 AM

2 of 2
(see Page 1)
item 13

ALLIED CLINICAL LABORATORIES, INC.
BOARD OF DIRECTORS

James B. Powell, MD	358 South Main St.	Burlington, NC 27215
David C. Weavil	358 South Main St.	Burlington, NC 27215
Bradford T. Smith	358 South Main St.	Burlington, NC 27215
Haywood D. Cochrane,Jr.	358 South Main St.	Burlington, NC 27215

ALLIED CLINICAL LABORATORIES, INC.
OFFICERS

James B. Powell, MD	President and Chief Executive Officer
David C. Weavil	Executive VP, Chief Operating Officer
Haywood D. Cochrance,Jr	Executive VP & Chief Financial Officer
Bradford T. Smith	Executive VP & General Counsel, and Secretary
Wesley R. Elingburg	VP - Finance and Treasurer

NO ADDRESS