

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P94000058005

**Entity Name:** ACCUTEST LABORATORIES SOUTHEAST, INC.**Current Principal Place of Business:**900 N. MICHIGAN AVENUE  
SUITE 1800  
CHICAGO, IL 60611**Current Mailing Address:**900 N. MICHIGAN AVENUE  
SUITE 1800  
CHICAGO, IL 60611 US**FEI Number:** 59-3260592**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:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Officer/Director Detail :**

Title VICE PRESIDENT/DIRECTOR  
Name JONES, GREGORY K  
Address 900 N. MICHIGAN AVENUE, SUITE 1800  
City-State-Zip: CHICAGO IL 60611

Title AS  
Name RIST, STEVEN L  
Address 4520 MAIN STREET, SUITE 1100  
City-State-Zip: KANSAS CITY MO 64111

Title DIRECTOR  
Name ZALAZNICK, DAVID W.  
Address 767 FIFTH AVENUE, 48TH FLOOR  
City-State-Zip: NEW YORK NY 10153

Title VICE PRESIDENT/SECRETARY/DIRECTOR  
Name NELSON, GORDON L JR.  
Address 27 MAIN STREET, 2ND FLOOR  
City-State-Zip: CONCORD MA 01742

Title VICE PRESIDENT/DIRECTOR  
Name PEISER, BRIAN L.  
Address 900 N. MICHIGAN AVENUE SUITE 1800  
City-State-Zip: CHICAGO IL 60611

Title DIRECTOR  
Name GORDON, JAMES A.  
Address 900 N. MICHIGAN AVENUE SUITE 1800  
City-State-Zip: CHICAGO IL 60611

*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:** STEVEN L. RIST**ASSISTANT SECRETARY** 01/20/2016\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date