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Jan 28, 1999 8:00am
Secretary of State

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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 833683

1. Corporation Name
LABORATORY CORPORATION OF AMERICA

Principal Place of Business

358 S. MAIN ST.
PO BOX 2230
BURLINGTON NC 27216-2230
US

Mailing Address

PO BOX 2230
TAX DEPT.
BURLINGTON NC 27216-2230

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/21/1975

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25

29 30

4. FEI Number

84-0611484

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 owes the current year Intangible

Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VPCF ☐ DELETE
NAME ELINGBURG, WESLEY
STREET ADDRESS 231 MAPLE AVE.
CITY-ST-ZIP BURLINGTON NC

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE P ☐ DELETE
NAME MACMAHON, THOMAS
STREET ADDRESS 358 S. MAIN ST.
CITY-ST-ZIP BURLINGTON NC

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE EVPS ☐ DELETE
NAME SMITH, BRADFORD T
STREET ADDRESS 358 S. MAIN ST.
CITY-ST-ZIP BURLINGTON NC 27215

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE VPSC ☐ DELETE
NAME STARK, STEVAN R.
STREET ADDRESS 358 S. MAIN ST.
CITY-ST-ZIP BURLINGTON NC

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE EVP ☐ DELETE
NAME STURGILL, RONALD
STREET ADDRESS 358 S. MAIN ST.
CITY-ST-ZIP BURLINGTON NC

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE EVP ☐ DELETE
NAME MEILAHN, WILLIAM M.
STREET ADDRESS 358 S. MAIN ST.
CITY-ST-ZIP BURLINGTON NC

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Wesley R. Elingburg

Date

1/5/99

Daytime Phone #

336-229-1127

CR2E034 (11/98)