


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Jan 28, 2004 08:00 AM
Secretary of State

DOCUMENT # 833683					
1. Entity Name LABORATORY CORPORATION OF AMERICA					
Principal Place of Business 231 MAPLE AVE. PO BOX 2230 BURLINGTON NC 27216-2230 US			Mailing Address 231 MAPLE AVE. PO BOX 2230 BURLINGTON NC 27216-2230 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 84-0611484	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	VPCF	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELINGBURG, WESLEY		NAME		
STREET ADDRESS	231 MAPLE AVE.		STREET ADDRESS		
CITY - ST - ZIP	BURLINGTON NC		CITY - ST - ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MACMAHON, THOMAS		NAME		
STREET ADDRESS	358 S. MAIN ST.		STREET ADDRESS		
CITY - ST - ZIP	BURLINGTON NC		CITY - ST - ZIP		
TITLE	EVPS	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, BRADFORD T		NAME		
STREET ADDRESS	358 S. MAIN ST.		STREET ADDRESS		
CITY - ST - ZIP	BURLINGTON NC 27215		CITY - ST - ZIP		
TITLE	VPSC	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STARK, STEVAN R.		NAME		
STREET ADDRESS	358 S. MAIN ST.		STREET ADDRESS		
CITY - ST - ZIP	BURLINGTON NC		CITY - ST - ZIP		
TITLE	EVP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STURGILL, RONALD		NAME		
STREET ADDRESS	358 S. MAIN ST.		STREET ADDRESS		
CITY - ST - ZIP	BURLINGTON NC		CITY - ST - ZIP		
TITLE	EVP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEILAHN, WILLIAM M.		NAME		
STREET ADDRESS	358 S. MAIN ST.		STREET ADDRESS		
CITY - ST - ZIP	BURLINGTON NC		CITY - ST - ZIP		



MOORE CR2E034 (11/03)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Wesley R. Elingburg
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/04 336-436-4207
Date Daytime Phone #