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RA. Charge

C. CoulHette JUN 2 1 2006



ON SERVICE COMPANY.			•	•	
	ACCOUNT NO.	:	072100000	032	
	REFERENCE	:	182578	7395440	
	AUTHORIZATION	:	Locald		
	COST LIMIT	:	\$ 35 00	Kenan	
ORDER DATE :	June 15, 2006				
ORDER TIME :					
ORDER NO. :					
CUSTOMER NO:					
	CHANGE OF A	<u>GEN</u>	<u>T</u>		
NAME :	LABORATORY CO AMERICA	RPO	RATION OF		
PLEASE RETURN	THE FOLLOWING AS	PR	OOF OF FIL	ING:	
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CONTACT PERSON		ΔMT	NER'S INIT	T <b>D</b> I. S .	
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## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this nge is submitted for a corporation organized under the laws of the State of Delaware r to change its registered office or registered agent, or both, in the State of Florida.
1. The name of t	he corporation: LABORATORY CORPORATION OF AMERICA
2. The principal 231 Maple A	office address:
3. The mailing a	ddress (if different):
4. Date of incorp	poration/qualification: January 21, 1975 Document number: 833683
	street address of the current registered agent and registered office on file with the tment of State:
	C T Corporation System
	1200 South Pine Island Road
	Plantation, FL 33324
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered office
	Corporation Service Company
	1201 Hays Street  (P.O. Box NOT acceptable)
	Tallahassee, FL 32301
The street addre as changed will	ss of its registered office and the street address of the business office of its registered egent, be identical.
Such change wa authorized by th	is authorized by resolution duly adopted by its board of directors or by an officer so the board, or the corporation has been notified in writing of the change.
//Jau	Maureen Cullen, Attorney In Fact
I hereby accept I further agree to of my duties, and document is bein corporation has	the appointment as registered agent and agree to act in this capacity, o comply with the provisions of all statutes relative to the proper and complete performance d I am familiar with and accept the obligation of my position as registered agent. Or, if this ng filed merely to reflect a change in the registered office address, I hereby confirm that the been notified in writing of this change.
By: MI CM	Service Company  ULL L, VUMANU  mature of Registered Agent)  The Life Look  (Date)
If signing on bel	half of an entity:
	noy, Asst. Vice President
(1)	yped or Printed Name)

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

\* \* \* FILING FEE: \$35.00 \* \* \*