

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 847036

FILED  
Apr 16, 2010  
Secretary of State

**Entity Name:** QUEST DIAGNOSTICS CLINICAL LABORATORIES, INC.

**Current Principal Place of Business:**

4225 EAST FOWLER AVENUE  
TAMPA, FL 33617 US

**New Principal Place of Business:**

3 GIRALDA FARMS  
MADISON, NJ 07940 US

**Current Mailing Address:**

3 GIRALDA FARMS  
MADISON, NJ 07940 US

**New Mailing Address:**

FEI Number: 38-2084239      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 US

**Name and Address of New Registered Agent:**

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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P  
Name: MOHAPATRA, SURYA N  
Address: 3 GIRALDA FARMS  
City-St-Zip: MADISON, NJ 07940

Title: VPD  
Name: LUKAS, MICHAEL G  
Address: 3 GIRALDA FARMS  
City-St-Zip: MADISON, NJ 07940

Title: T  
Name: O'KEEF, ROBERT F  
Address: 3 GIRALDA FARMS  
City-St-Zip: MADISON, NJ 07940

Title: S  
Name: O'SHAUGHNESSY, WILLIAM J JR  
Address: 3 GIRALDA FARMS  
City-St-Zip: MADISON, NJ 07940

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: WILLIAM J. O'SHAUGHNESSY JR.

S

04/16/2010

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date