2000 UNIFORM BUSINESS REPORT (UBR)

May 17, 2000 8:00 am Secretary of State DOCUMENT # **855030** 1. Entity Name AMERICAN MEDICAL LABORATORIES, INC. 05-17-2000 90937 047 ***150.00 Principal Place of Business Mailing Address 14225 NEWBROOK DR PO BOX 10841 **CHANTILLY VA 20153-0841 CHANTILLY VA 20151-2230** 2. Principal Place of Business 3. Mailing Address (Same) (Same) Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State _ -54-0854787 Not Applicable Country \$8.75 Additional Zip Country Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 Zip Code City 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. SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible **\$5.00** May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 COFFICERS AND DIRECTORS 12. 11. X Addition **EVP** Change ☐ Delete EVP & CFO TITLE BERGSTROM, JOHN E Steve R. Pierce NAME STREET ADDRESS 14225 NEWBROOK DR STREET ADDRESS 14225 New brook Dr. CITY-ST-ZIP CITY-ST-ZIP Chantilly , VA , >0151-2230 CHANTILLY VA 20151-2230 Addition TITLE SVP & Medical Director ☐ Change ☐ Delete TITLE GLICK, JERROLD L NAME Nathan Sherman, MD NAME STREET ADDRESS 1600 WYNKOOP STREET, SUITE 200 STREET ADDRESS 14224 New brook Dr., CITY-ST-ZIP CITY-ST-ZIP DENVER CO 80202 Chantilly, VA, 20151-2230 **EVC** 'Change' TITLE Dêlête TITLE EARVIN, ALVIN NAME NAME STREET ADDRESS STREET ADDRESS 14225 NEWBROOK DR CITY-ST-7IP CITY-ST-ZIP CHANTILLY VA 20151-2230 Change Addition **PCEO** Delete TITLE TITLE BRODNICK, TIMOTHY J NAME 14225 NEWBROOK DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **CHANTILLY VA 20151-2230** CITY-ST-ZIP VCOB ☐ Addition TITLE Change TITLE ☐ Delete COOK, C. BARRIE (CHMN.) NAME NAME STREET ADDRESS STREET ADDRESS 2300 GALLOWS RD CITY-ST-ZIP FALLS CHURCH VA 22046 CITY-ST-ZIP VCOB Change ☐ Addition ☐ Delete TITLE GODWIN, IRA NAME STREET ADDRESS STREET ADDRESS 14225 NEWBROOK DRIVE CITY-ST-ZIP CITY-ST-ZIP CHANTILLY VA 20151-2230 13. 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

Steve R

SIGNATURE:

FILED