

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000000438

FILED  
Jan 04, 2012  
Secretary of State

**Entity Name:** ACCUPATH DIAGNOSTIC LABORATORIES, INC.

**Current Principal Place of Business:**

231 MAPLE AVENUE  
BURLINGTON, NC 27253

**New Principal Place of Business:**

**Current Mailing Address:**

231 MAPLE AVE  
TAX DEPT  
BURLINGTON, NC 27215

**New Mailing Address:**

**FEI Number:** 33-0731972      **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 323012525 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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: KING, DAVID  
Address: 430 S. SPRING STREET  
City-St-Zip: BURLINGTON, NC 27253

Title: T  
Name: HAYES, WILLIAM B  
Address: 430 S. SPRING STREET  
City-St-Zip: BURLINGTON, NC 27253

Title: S  
Name: EBERTS, FLOYD S III  
Address: 531 S. SPRING STREET  
City-St-Zip: BURLINGTON, NC 27253

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 B HAYES

TREA

01/04/2012

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date