

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F10000000775

FILED
Apr 27, 2011
Secretary of State

Entity Name: CLINICAL PATHOLOGY LABORATORIES SOUTHEAST, INC.

Current Principal Place of Business:

1520 NORTH LEG RD
AUGUSTA, GA 30909

New Principal Place of Business:

1520 NORTH LEG ROAD
AUGUSTA, GA 30909

Current Mailing Address:

1520 NORTH LEG RD
AUGUSTA, GA 30909

New Mailing Address:

9737 GREAT HILLS TRAIL
SUITE 100
AUSTIN, TX 78759

FEI Number: 58-2598244

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
515 E. PARK AVENUE
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

OFFICERS AND DIRECTORS:

Title: D
Name: MIRAGLIA, CHARLES C
Address: 9737 GREAT HILLS TRAIL, SUITE 100
City-St-Zip: AUSTIN, TX 78759

Title: D
Name: GOLDSCHMIDT, COLIN S DR.
Address: 9737 GREAT HILLS TRAIL, SUITE 100
City-St-Zip: AUSTIN, TX 78759

Title: VPD
Name: SCHULTZ, DAVID L
Address: 9737 GREAT HILLS TRAIL, SUITE 100
City-St-Zip: AUSTIN, TX 78759

Title: CFOT
Name: MILLER, PAUL W
Address: 9737 GREAT HILLS TRAIL, SUITE 100
City-St-Zip: AUSTIN, TX 78759

Title: P
Name: PESCI, WILLIAM J
Address: 9737 GREAT HILLS TRAIL, SUITE 100
City-St-Zip: AUSTIN, TX 78759

Title: S
Name: FOSTER, SHERIDAN
Address: 9737 GREAT HILLS TRAIL, SUITE 100
City-St-Zip: AUSTIN, TX 78759

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: PAUL W MILLER

CFOT

04/27/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date