## **FILED** May 01, 2003 8:00 am Secretary of State

2003 FOR PROFIT CORPORATION

05-01-2003 90767 014 \*\*\*150.00 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # F96000003220 1. Entity Name
GE CLINICAL SERVICES, INC. 90117887 Principal Place of Business Mailing Address 5301 VIRGINIA WAY P.O. BOX 2216 SCHENECTADY, NY 12301 **SUITE 400** BRENTON, TN 37027 2. Principal Place of Business 3. Mailing Address Suite, Apt. #. etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES Applied For City & State City & State 4. FEI Number 34-1547857 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent **C T CORPORATION SYSTEM** 1200 SOUTH PINE ISLAND ROAD Street Address (P.O. Box Number is Not Acceptable) PLANTATION, FL 33324 City Zip Code 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. I am familiar with, and accept the obligations of registered agent. DATE \$5.00 May Be 9. Election Campaign Financing Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10 11. ☐ Delete TITLE CR2E034 (10/02) ☐ Addition TITLE  $^{\rm CD}$ K Chempe NAME SHEPARD, JAMES S NALE SHEPARD, JAMES S 3000 NORTH GRANDVIEW BLVD. STREET ADORESS STREET ADDRESS 2018 POWERS FERRY RD, SUITE 500 WAUKESHA, WI 53188 CITY-ST-2P CITY-ST-ZIP ATLANTA, GA 30339 ☐ Delete TELF TITLE ☐ Change ☐ Addition NAME JONES, DALE A HAME 100 MARQUETTE DRIVE STORET ADDRESS STREET ADDRESS COY-ST-ZIP CITY-SI-ZP JUPITER FL 33468 TITLE ☐ Delete TIME ☐ Change K Addition KOCONIS, DEBORAH VISICKOPCHRISTOPHER, S NAME NAME STREET ADDRESS 3000 N GRANDVIEW BLVD. STREET ADDRESS 3000 NORTH GRANDVIEW BLVD WAUKESHA, WI 53198 CRY-51-7IP CITY\_ST-ZP WANKESHA, WI 53188 TITLE Delete ☐ Change Atlation MELITA, BARBARA A NAME HALE 12 CORPORATE WOODS BLVD. STREET ADDRESS STREET ADDRESS ALBANY, NY 12211 CITY-SI-2P CAY-ST-7/P TIME ☐ Delete ☐ Change ☐ Addition TILE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZP COY-ST-2th ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS C/1Y-ST-2IP 12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. 4/22/03 VP/ASST. TREASURER BARBARA A. MELITA SIGNATURE: 0/5/

NO TYPED OR PRINTED MANE OF SIGNING OFFICER OR DIRECTOR