

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000006683

1. Entity Name

CYTOLOGY ASSOCIATES, INC.

FILED

May 24, 2000 8:00 am  
Secretary of State

05-24-2000 90024 032 \*\*\*150.00

Principal Place of Business

Mailing Address

% DENNIS L. GRIMAUD, SUITE 100  
201 SUMMIT VIEW ROAD  
BRENTWOOD TN 37027

% DENNIS L. GRIMAUD, SUITE 100  
201 SUMMIT VIEW ROAD  
BRENTWOOD TN 37027-4645

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 62-1371339

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE CD ☐ Delete  
NAME DEFESCHE, CHARLES L MD  
STREET ADDRESS 98 SAN JACINTO BLVD. SUITE 540  
CITY-ST-ZIP AUSTIN TX 78701

TITLE ☒ Change ☐ Addition  
NAME James A. MacClinton  
STREET ADDRESS 8309 Blazysk Dr  
CITY-ST-ZIP Austin Tx 78737

TITLE PCEO ☐ Delete  
NAME GRIMAUD, DENNIS L  
STREET ADDRESS 201 SUMMIT VIEW RD. SUITE 100  
CITY-ST-ZIP BRENTWOOD TN 37027

TITLE ☒ Change ☐ Addition  
NAME CEO Frank Maguire  
STREET ADDRESS 201 Summit View Rd Suite 100  
CITY-ST-ZIP Brentwood Tn 37027

TITLE ST ☐ Delete  
NAME STELZER, GREGORY T PHD  
STREET ADDRESS 201 SUMMIT VIEW RD. SUITE 100  
CITY-ST-ZIP BRENTWOOD TN 37027

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE V ☐ Delete  
NAME STIGGE, STEVEN E  
STREET ADDRESS 201 SUMMIT VIEW RD. SUITE 100  
CITY-ST-ZIP BRENTWOOD TN 37027

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE V ☐ Delete  
NAME SHULTS, KEITH E  
STREET ADDRESS 201 SUMMIT VIEW RD. SUITE 100  
CITY-ST-ZIP BRENTWOOD TN 37027

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VCFO ☐ Delete  
NAME PELLEGRINO, JOSEPH  
STREET ADDRESS 201 SUMMIT VIEW RD. SUITE 100  
CITY-ST-ZIP BRENTWOOD TN 37027

TITLE ☒ Change ☐ Addition  
NAME CEO Jon Truin  
STREET ADDRESS 98 San Jacinto Blvd # 350  
CITY-ST-ZIP Austin, Tx 78701 - 4039

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/30/2000 615-370-8393

CR2E034 (9/99)