

**2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 833683

**Entity Name:** LABORATORY CORPORATION OF AMERICA**Current Principal Place of Business:**358 SOUTH MAIN STREET  
BURLINGTON, NC 27215**Current Mailing Address:**358 SOUTH MAIN STREET  
BURLINGTON, NC 27215 US**FEI Number:** 84-0611484**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 US*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

**Officer/Director Detail :**

Title            PRESIDENT  
Name           KING, DAVID P  
Address        358 SOUTH MAIN STREET  
City-State-Zip: BURLINGTON NC 27215

Title            DIRECTOR  
Name           BELINGARD, JEAN LUC  
Address        358 SOUTH MAIN STREET  
City-State-Zip: BURLINGTON NC 27215

Title            TREASURER  
Name           PRINGLE, ROBERT S  
Address        206 CARNEGIE CENTER  
City-State-Zip: PRINCETON NJ 08540

Title            DIRECTOR  
Name           GILLILAND, D. GARY  
Address        358 SOUTH MAIN STREET  
City-State-Zip: BURLINGTON NC 27215

Title            SECRETARY  
Name           EBERTS, FLOYD SIII  
Address        531 S SPRING STREET.  
City-State-Zip: BURLINGTON NC 27215

Title            DIRECTOR  
Name           ANDERSON, KERRII  
Address        358 SOUTH MAIN STREET  
City-State-Zip: BURLINGTON NC 27215

Title            DIRECTOR  
Name           SCHECHTER, ADAM H.  
Address        358 SOUTH MAIN STREET  
City-State-Zip: BURLINGTON NC 27215

Title            DIRECTOR  
Name           KONG, GARHENG  
Address        358 SOUTH MAIN STREET  
City-State-Zip: BURLINGTON NC 27215

**Continues on page 2**

*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:** FLOYD S. EBERTS III**SECRETARY****01/03/2019**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name NEUPERT, PETER  
Address 358 SOUTH MAIN STREET  
City-State-Zip: BURLINGTON NC 27215

Title DIRECTOR  
Name MITTELSTAEDT JR., ROBERT E.  
Address 358 SOUTH MAIN STREET  
City-State-Zip: BURLINGTON NC 27215

Title DIRECTOR  
Name WILLIAMS, R. SANDERS  
Address 358 SOUTH MAIN STREET  
City-State-Zip: BURLINGTON NC 27215

Title DIRECTOR  
Name PARHAM, RICHELLE P.  
Address 358 SOUTH MAIN STREET  
City-State-Zip: BURLINGTON NC 27215