

2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F10000000775

Entity Name: CLINICAL PATHOLOGY LABORATORIES SOUTHEAST, INC.

FILED
Apr 21, 2017
Secretary of State
CC2321106468

Current Principal Place of Business:

9737 GREAT HILLS TRAIL
SUITE 100
AUSTIN, TX 78759

Current Mailing Address:

9737 GREAT HILLS TRAIL
SUITE 100
AUSTIN, TX 78759

FEI Number: 58-2598244

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPROATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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 DIRECTOR
Name WILKS, CHRISTOPHER D
Address 14 GRIFFNOCK AVENUE
City-State-Zip: MAQUARIE PARK NEW SOUTH WALES 2113

Title DIRECTOR
Name GOLDSCHMIDT, COLIN S. DR.
Address 14 GIFFNOCK AVENUE
City-State-Zip: MAQUARIE PARK NEW SOUTH WALES 2113

Title PRESIDENT
Name APHOLT, JOHN P
Address 9737 GREAT HILLS TRAIL, SUITE 100
City-State-Zip: AUSTIN TX 78759

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

Title DIRECTOR
Name SHUMPERT , STEPHEN
Address 9737 GREAT HILLS TRAIL SUITE 100
City-State-Zip: AUSTIN TX 78759

Title DIRECTOR, VP
Name LOHMANN, THOMAS P. MD
Address 9737 GREAT HILLS TRAIL SUITE 100
City-State-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: SHERIDAN FOSTER

SECRETARY

04/21/2017

Electronic Signature of Signing Officer/Director Detail

Date