## **2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F10000000775

Entity Name: CLINICAL PATHOLOGY LABORATORIES SOUTHEAST, INC.

FILED
Apr 28, 2020
Secretary of State
2614776117CC

## **Current Principal Place of Business:**

9200 WALL STREET AUSTIN, TX 78754

## **Current Mailing Address:**

12357-A RIATA TRACE PKWY SUITE 210 AUSTIN, TX 78727 US

FEI Number: 58-2598244 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

CORPORATION 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:

Title

Title

Electronic Signature of Registered Agent Date

Officer/Director Detail:

Title PRESIDENT Title CHIEF FINANCIAL
Name SMITHSON, BOBBY L. OFFICER/TREASURER

Name MUSIAL, CHARLES A. Address 9200 WALL STREET

Address 12357-A RIATA TRACE PKWY
City-State-Zip: AUSTIN TX 78754 SUITE 210

City-State-Zip: AUSTIN TX 78727

Title DIRECTOR

Name WILKS, CHRISTOPHER D. Title DIRECTOR

Address 14 GRIFFNOCK AVENUE Name GOLDSCHMIDT, COLIN S. DR.

City-State-Zip: MAQUARIE PARK NEW SOUTH Address 14 GIFFNOCK AVENUE

WALES 2113 City-State-Zip: MAQUARIE PARK NEW SOUTH

DIRECTOR/VICE PRESIDENT WALES 2113

Name HUSSONG, JERRY W. MD Title ASSISTANT SECRETARY

Address 12357-A RIATA TRACE PKWY Name ALEXANDER, PAUL J.

SUITE 210 Address 14 GRIFFNOCK AVENUE

City-State-Zip: AUSTIN TX 78727 City-State-Zip: MAQUARIE PARK NEW SOUTH

DIRECTOR WALES 2113

Name CHEN, PHILLIP C. MD, PH.D. Title SECRETARY

Address 12357-A RIATA TRACE PKWY Name FOSTER, SHERIDAN

SUITE 210 Address Address 12357 A BIATA TRACE

SUITE 210 Address 12357-A RIATA TRACE PKWY

City-State-Zip: AUSTIN TX 78727 SUITE 210

City-State-Zip: AUSTIN TX 78727

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 04/28/2020

Electronic Signature of Signing Officer/Director Detail

Date