

Nathan Deal, Governor

Clyde L. Reese III, Esq., Commissioner

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## Disclosure of Ownership and Control Interest Statement-GA Clinical Laboratory Improvement Amendments

Identifying Information	тшргочешент Аш	enoments		
Legal Name of Entity	DBA (Doing Business As)			
All Womens Health Care of Columbus				
CLIA#	Phone   Fax   706-323-8363   Fax   706-327-3811   City   County   Fax   706-327-3811   Fax			
Street Address	City	County	State	Zip Code 31904
2820 Kosemont Dr.	Columbus	GA	IGA	31904
Mailing Address (If different from above)	City	County	State	Zip Code
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Laboratory Director (Please Print)			Tax ID Number	
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A) List names, addresses for individuals, or EIN for organizations having direct or indirect ownership or a controlling interest in the entity.				
Name	Address		EIN	
41 Womens Columbus IN 3850 Rosemont Dr. Commons				
A) Type of Entity: Sole Proprietorship Partnership Corporation Unincorporated Associates Other (Specify)  B) If the disclosing entity is a corporation, list names, addresses of the directors and EIN's for corporations.				
Name		of the directors a	ind EIN's	
ivame	Address			EIN
Whoever knowing and willfully makes or causes to be prosecuted under applicable federal or state laws. In a the information requested may result in denial of a req of its agreement or contract with the state agency or the Name of Authorized Percentative (Printed)	ddition, knowingly and uest to participate or w	willfully failing to here the entity aire	fully and a	ccurately disclose
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