



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

Identifying Information

Form with fields: Legal Name of Entity, DBA (Doing Business As), CLIA #, Phone, Fax, Street Address, City, County, State, Zip Code, Mailing Address, Laboratory Director, Tax ID Number.

A) List names, addresses for individuals, or EIN for organizations having direct or indirect ownership or a controlling interest in the entity.

Table with 3 columns: Name, Address, EIN. Row 1: All Womens Columbus Inc, 3850 Rosemont Dr, Columbus GA, [Redacted]

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.

Table with 3 columns: Name, Address, EIN. All rows are empty.

Whoever knowing and willfully makes or causes to be made a false statement or representation of this statement, may be prosecuted under applicable federal or state laws.

Form with fields: Name of Authorized Representative (Printed), Title, Date (9-27-2017)