


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 05, 2004 8:00 am**  
**Secretary of State**

04-05-2004 90010 036 \*\*\*150.00

**DOCUMENT # P37566**  
 1. Entity Name  
**SPECIALTY LABORATORIES, INC.**



Principal Place of Business      Mailing Address  
 2211 MICHIGAN AVE.      2211 MICHIGAN AVE.  
 SANTA MONICA, CA 90404      SANTA MONICA, CA 90404

**54026165**



2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

03052004      Chg-P      CR2E034 (10/03)

4. FEI Number      Applied For  
**95-2961036**      Not Applicable

5. Certificate of Status Desired            **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**      **7. Name and Address of New Registered Agent**

C T CORPORATION SYSTEM  
 1200 S. PINE ISLAND ROAD  
 PLANTATION, FL 33324

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City      **FL**      Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.            **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PETER, JAMES B MDPHD 2211 MICHIGAN AVE. SANTA MONICA, CA 90404 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>SEE ATTACHED PAGES</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C TESTMAN, THOMAS R 2211 MICHIGAN AVE. SANTA MONICA, CA 90404 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ESTES, DEBORAH A 2211 MICHIGAN AVE. SANTA MONICA, CA 90404 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HARRINGTON, DOUGLAS S MD 2211 MICHIGAN AVE. SANTA MONICA, CA 90404 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SPINA, FRANK J 2211 MICHIGAN AVENUE SANTA MONICA, CA 90404 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ANGRESS, DAN R 2211 MICHIGAN AVENUE SANTA MONICA, CA 90404 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes; I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**  **Nicholas Simmons**      3/26/04      310-828 6543

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

Attachment

#P37566

54026165

**2004 For Profit Corporation Annual Report**

Document # P37566

Entity Name: Specialty Laboratories, Inc.

Block 10: Officers and Directors (continued)

D

Belluzzo, Richard E.  
2211 Michigan Avenue  
Santa Monica, CA 90404

D

DeParle, Nancy-Ann  
2211 Michigan Avenue  
Santa Monica, CA 90404

D

Gregg, Terrance H.  
2211 Michigan Avenue  
Santa Monica, CA 90404

DELETE

D

Nydam, William J.  
2211 Michigan Avenue  
Santa Monica, CA 90404

V

Dugan, M.D., Michael  
2211 Michigan Avenue  
Santa Monica, CA 90404

ADDITION

V

England, Thomas E. Ph.D.  
2211 Michigan Avenue  
Santa Monica, CA 90404

DELETE

V

Gallarda, Cheryl  
2211 Michigan Avenue  
Santa Monica, CA 90404

ADDITION

V

French, Ph.D., Cynthia  
2211 Michigan Avenue  
Santa Monica, CA 90404

ADDITION

V

Harman, Robert M.  
2211 Michigan Avenue  
Santa Monica, CA 90404

V

Kosco, Thomas J.  
2211 Michigan Avenue  
Santa Monica, CA 90404

Attachment

54026165-

**2004 For Profit Corporation Annual Report**

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Entity Name: Specialty Laboratories, Inc.

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V

Sadri, Maryam  
2211 Michigan Avenue  
Santa Monica, CA 90404

ADDITION

V

Simmons, Nicholas R.  
2211 Michigan Avenue  
Santa Monica, CA 90404

ADDITION

V

Willig, Mark R.  
2211 Michigan Avenue  
Santa Monica, CA 90404