
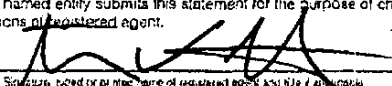
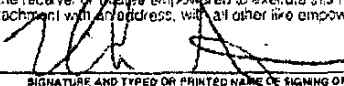


2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED
05 NOV -3 AM 9:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

113

DOCUMENT # P37566			
1. Entity Name SPECIALTY LABORATORIES, INC.			
Principal Place of Business 27027 TOURNEY RD. VALENCIA, CA 91355		Mailing Address 27027 TOURNEY RD. VALENCIA, CA 91355	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Valencia, CA		City & State Valencia, CA	
Zip		Zip	
Country		Country	
4. FEI Number 95-2961036		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$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: 		TARA C. COPER ASSISTANT SECRETARY DATE: 10/31/05	
FILE NOW!!! FEE IS \$150.00 After January 1, 2006, Fee will be \$300.00		In accordance with s. 607.103(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D PETER, JAMES B MDPHD 2211 MICHIGAN AVE. SANTA MONICA, CA 90404	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 27027 Tourney Road Valencia, CA 91355
NAME	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Delete
STREET ADDRESS	2211 MICHIGAN AVE.	STREET ADDRESS	
CITY - ST - ZIP	SANTA MONICA, CA 90404	CITY - ST - ZIP	
TITLE	D TESTMAN, THOMAS R - 2211 MICHIGAN AVE. SANTA MONICA, CA 90404	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Delete
NAME	<input checked="" type="checkbox"/> Delete	STREET ADDRESS	
STREET ADDRESS		CITY - ST - ZIP	
CITY - ST - ZIP		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Delete
TITLE	SD ESTES, DEBORAH A 2211 MICHIGAN AVE. SANTA MONICA, CA 90404	STREET ADDRESS	27027 Tourney Road Valencia, CA 91355
NAME	<input type="checkbox"/> Delete	CITY - ST - ZIP	
STREET ADDRESS		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Delete
CITY - ST - ZIP		STREET ADDRESS	
TITLE	PD HARRINGTON, BOULAS S MD - 2211 MICHIGAN AVE - SANTA MONICA, CA 90404	CITY - ST - ZIP	
NAME	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Delete
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	V ANGRESS, DAN R. 2211 MICHIGAN AVE SANTA MONICA, CA 90404	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition Delete
NAME	<input checked="" type="checkbox"/> Delete	STREET ADDRESS	400061137049 11/03/05--01037--012 **150.00
STREET ADDRESS		CITY - ST - ZIP	
CITY - ST - ZIP		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition Delete
TITLE		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition Delete
CITY - ST - ZIP		STREET ADDRESS	
TITLE		CITY - ST - ZIP	
NAME		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition Delete
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
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 supplementary 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 of the same; that I am 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: 		10/31/05 661-799-6753	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

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2005 For Profit Corporation Annual Report

Document # P37566

Entity Name: Specialty Laboratories, Inc.

Block 10: Officers and Directors (continued)

D
DeFreece, Michael T. ADDITION
27027 Tourney Road
Valencia, CA 91355

D ADDITION
Howe, Hubbard C.
27027 Tourney Road
Valencia, CA 91355

D
Nydarn, William J.
27027 Tourney Road
Valencia, CA 91355

D ADDITION
Schreiber, David R.
27027 Tourney Road
Valencia, CA 91355

PD ADDITION
Weavil, David C.
27027 Tourney Road
Valencia, CA 91355

CD ADDITION
Whitney, Richard K.
27027 Tourney Road
Valencia, CA 91355

V ADDITION
DiFrancesco, Vicki
27027 Tourney Road
Valencia, CA 91355

V
Dugan, M.D., Michael
27027 Tourney Road
Valencia, CA 91355

V
Gallarda, Cheryl
27027 Tourney Road
Valencia, CA 91355

V
Harman, Robert M.
27027 Tourney Road
Valencia, CA 91355

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2005 For Profit Corporation Annual Report
Document # P37566
Entity Name: Specialty Laboratories, Inc.

V
Johnson, Kevin W.
27027 Tourney Road
Valencia, CA 91355

V
Sadri, Maryam
27027 Tourney Road
Valencia, CA 91355

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