

2004 FOR PROFIT CORPORATION REINSTATEMENT



FILED
Oct 28, 2004 8:00 A.M.
Secretary of State

DOCUMENT # F03000003853 1. Entity Name U.S. PATHOLOGY LABS, INC.				2. Principal Place of Business 2601 CAMPUS DRIVE IRVINE, CA 92612				3. Mailing Address 2601 CAMPUS DRIVE IRVINE, CA 92612			
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.							
City & State				City & State				4. FEI Number 33-0812609		Applied For <input type="checkbox"/> Not Applicable	
Zip		Country		Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525						7. Name and Address of New Registered Agent 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 <u>Cynthia L. Harris</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				Cynthia L. Harris as its agent			DATE <u>10/28/04</u>				
FILE NOW!!! FEE IS \$150.00 After January 1, 2005, Fee will be \$300.00				In accordance with s. 607.193(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 PD	JESSUP, JUDD R <input type="checkbox"/> Delete 2601 CAMPUS DRIVE IRVINE, CA 92612				TITLE CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition					
NAME JESSUP, JUDD R STREET ADDRESS 2601 CAMPUS DRIVE CITY-ST-ZIP IRVINE, CA 92612					NAME STREET ADDRESS CITY-ST-ZIP						
TITLE VCFO	PIERCE, STEVE <input type="checkbox"/> Delete 2601 CAMPUS DRIVE IRVINE, CA 92612				TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 700042697527 11/12/04--01059--002 **150.00					
NAME PIERCE, STEVE STREET ADDRESS 2601 CAMPUS DRIVE CITY-ST-ZIP IRVINE, CA 92612					NAME STREET ADDRESS CITY-ST-ZIP						
TITLE S	FREDENBERG, GLEN <input type="checkbox"/> Delete 2601 CAMPUS DRIVE IRVINE, CA 92612				TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition					
NAME FREDENBERG, GLEN STREET ADDRESS 2601 CAMPUS DRIVE CITY-ST-ZIP IRVINE, CA 92612					NAME STREET ADDRESS CITY-ST-ZIP						
TITLE CD	STOBO, JOHN <input type="checkbox"/> Delete 505 SANSOME STREET, SUITE 1550 SAN FRANCISCO, CA 94111				TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition					
NAME STOBO, JOHN STREET ADDRESS 505 SANSOME STREET, SUITE 1550 CITY-ST-ZIP SAN FRANCISCO, CA 94111					NAME STREET ADDRESS CITY-ST-ZIP						
TITLE D	DANZI, MIKE <input type="checkbox"/> Delete 28 VALERIO NEWPORT BEACH, CA 92660				TITLE Director	Stelios B. Papadopoulos <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2601 Campus Drive Irvine, CA 92612					
NAME DANZI, MIKE STREET ADDRESS 28 VALERIO CITY-ST-ZIP NEWPORT BEACH, CA 92660					NAME STREET ADDRESS CITY-ST-ZIP						
TITLE D	JESSUP, JUDD R <input type="checkbox"/> Delete 2601 CAMPUS DRIVE IRVINE, CA 92612				TITLE Director	Jeremy M. Jones <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2601 Campus Drive Irvine, CA 92612					
NAME JESSUP, JUDD R STREET ADDRESS 2601 CAMPUS DRIVE CITY-ST-ZIP IRVINE, CA 92612					NAME STREET ADDRESS 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 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: <u>Glen Fredenberg</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>						Date <u>10-27-04</u>		Daytime Phone <u>(949) 788-9106</u>			