

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # F03000003853

1. Entity Name
U.S. PATHOLOGY LABS, INC.



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

Principal Place of Business
2601 CAMPUS DRIVE
IRVINE, CA 92612

Mailing Address
2601 CAMPUS DRIVE
IRVINE, CA 92612



10272004 REIN-P CR2E098 (6/04)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
33-0812609

Applied For
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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

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.

Cynthia L. Harris
as its agent

SIGNATURE *Cynthia L. Harris*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

10/28/04
DATE

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 ☐ Delete
NAME JESSUP, JUDD R
STREET ADDRESS 2601 CAMPUS DRIVE
CITY-ST-ZIP IRVINE, CA 92612

TITLE CEO ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VCFO ☐ Delete
NAME PIERCE, STEVE
STREET ADDRESS 2601 CAMPUS DRIVE
CITY-ST-ZIP IRVINE, CA 92612

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE S ☐ Delete
NAME FREDENBERG, GLEN
STREET ADDRESS 2601 CAMPUS DRIVE
CITY-ST-ZIP IRVINE, CA 92612

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE CD ☐ Delete
NAME STOBO, JOHN
STREET ADDRESS 505 SANSOME STREET, SUITE 1550
CITY-ST-ZIP SAN FRANCISCO, CA 94111

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME DANZI, MIKE
STREET ADDRESS 28 VALERIO
CITY-ST-ZIP NEWPORT BEACH, CA 92660

TITLE Director ☒ Change ☐ Addition
NAME Stelios B. Papadopoulos
STREET ADDRESS 2601 Campus Drive
CITY-ST-ZIP Irvine, CA 92612

TITLE D ☐ Delete
NAME JESSUP, JUDD R
STREET ADDRESS 2601 CAMPUS DRIVE
CITY-ST-ZIP IRVINE, CA 92612

TITLE Director ☒ Change ☐ Addition
NAME Jeremy M. Jones
STREET ADDRESS 2601 Campus Drive
CITY-ST-ZIP Irvine, CA 92612

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

10-27-04 (944) 788-9106