## 2008 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# F06000003677

Entity Name: BERKELEY HEARTLAB, INC.

FILED Jul 28, 2008 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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839 MITTEN ROAD BURLINGAME, CA 94101

Current Mailing Address: New Mailing Address:

839 MITTEN ROAD BURLINGAME, CA 94101

FEI Number: 33-0685751 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 323012525 US

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.

SIGNATURE: JOYCE L. MARKLEY, ITS AGENT

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

839 MITTEN ROAD

Address:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: DCFO (X) Change ( ) Addition RUDERMAN, FRANK Name: Name: ORDONEZ, KATHY 839 MITTEN ROAD 1401 HARBOR BAY PARKWAY Address: Address: ALAMEDA, CA 95402 US City-St-Zip: BURLINGAME, CA 94101 City-St-Zip:

Title: S ( ) Delete Title: DTCF (X) Change ( ) Addition Name: SHEEHAN, DENNIS Name: JUNG, JOEL

Address: 839 MITTEN ROAD Address: 1401 HARBOR BAY PARKWAY
City-St-Zip: BURLINGAME, CA 94101 City-St-Zip: ALAMEDA, CA 95402 US

Title: T ( ) Delete Title: S (X) Change ( ) Addition Name: AMBROSE, WARREN Name: LEE, VICTOR

Address: 839 MITTEN ROAD Address: 1401 HARBOR BAY PARKWAY
City-St-Zip: BURLINGAME, CA 94101 City-St-Zip: ALAMEDA, CA 94502 US

Title: D ( ) Delete Title: COO (X) Change ( ) Addition

Title: D () Delete Title: COO (X) Change () Addition
Name: GLYNN, JOHN Name: HALL, CHRIS

City-St-Zip: BURLINGAME, CA 94101 City-St-Zip: BURLINGAME, CA 94010 US

Title: D ( ) Delete Title: VPGC (X) Change ( ) Addition Name: DIAZ, REINALDO Name: WOLIN, JONATHAN

Address: 839 MITTEN ROAD Address: 839 MITTEN ROAD City-St-Zip: BURLINGAME, CA 94101 City-St-Zip: BURLINGAME, CA 94010 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

839 MITTEN ROAD

SIGNATURE: JONATHAN WOLIN VP 07/28/2008