

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F09000001173

FILED
Mar 14, 2011
Secretary of State

Entity Name: SAN DIEGO PATHOLOGISTS MEDICAL GROUP, INC.

Current Principal Place of Business:

7592 METROPOLITAN DRIVE
SUITE 405
SAN DIEGO, CA 92108

New Principal Place of Business:

Current Mailing Address:

7592 METROPOLITAN DRIVE
SUITE 405
SAN DIEGO, CA 92108

New Mailing Address:

FEI Number: 95-2589913

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
515 E. PARK AVENUE
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D
Name: FRANCIS, DAVID J M.D.
Address: 7592 METROPOLITAN DRIVE #405
City-St-Zip: SAN DIEGO, CA 92108

Title: P
Name: STAYBOLDT, CARLA M.D.
Address: 7592 METROPOLITAN DRIVE #405
City-St-Zip: SAN DIEGO, CA 92108

Title: V
Name: BYLUND, DAVID M.D.
Address: 7592 METROPOLITAN DRIVE #405
City-St-Zip: SAN DIEGO, CA 92108

Title: ST
Name: NIEWIADOMSKI, SLAWOMIR M.D.
Address: 7592 METROPOLITAN DRIVE #405
City-St-Zip: SAN DIEGO, CA 92108

Title: MGR
Name: RIEDY, SHIRLEY M
Address: 7592 METROPOLITAN DRIVE #405
City-St-Zip: SAN DIEGO, CA 92108

I hereby 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 all other like empowered.

SIGNATURE: SHIRLEY M RIEDY

MGR

03/14/2011

Electronic Signature of Signing Officer or Director

Date