

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street Providence, RI 02904-2615 401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2010 (AMENDED)

401.222.304

Filing Period: January 1 - March 1 - Filing Fee: \$50.00* • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(ebrd.)) is

subject to a penalty fee of \$25.00.			,	· · · · · · · · · · · · · · · · · · ·	. 0.0. 7 1.2 1301(1010)71
1. Corporate ID No. 000011261	2. Name of Corporation EAST SIDE CLINICAL LABORATORY, INC.				
3. Street Address Principal Business Office 9737 GREAT HILLS TRAIL, SUITE 100			City. AUSTIN	State TX	2iji 78759
4. Business Phone No. 5. State of Incorporation R1			7. 7.		
6. Brief Description of the Character of Business Conducted in Rhode Island THE OPERATION OF A CLINICAL LABORATORY					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTA- President Name GARY W. SAMMARCO			CHMENT) TILL IN SPACES BEFORE USING ATTACHMENTS Vice President Name DAVID L. SCHULTZ		
9737 GREAT HILLS TRAIL, SUITE 100			Street Address 9737 GREAT HILLS TRAIL, SUITE 100		
City AUSTIN	State TX	^{Zip} 78759	City AUSTIN	State TX	Zip 78759
Secretary Name SHERIDAN FOSTER			Treasurer Name PAUL W. MILLER		
Street Address 9737 GREAT HILLS TRAIL, SUITE 100			Street Address 9737 GREAT HILLS TRAIL, SUITE 100		
City AUSTIN	State TX	<i>Σ</i> φ 78759	City AUSTIN	State TX	<i>др</i> 78759
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATT Director Name ROBERT E. CONNOR, M.D.			Director Name DR. COLIN STEPHEN GOLDSCHMIDT		
Street Address 9737 GREAT HILLS TRAIL, SUITE 100			Street Address 9737 GREAT HILLS TRAIL, SUITE 100		
^{City} AUSTIN	State TX	<i>zip</i> 7 87 59	City AUSTIN	State TX	‰ र 8759
Director Name CHRISTOPHER DAVID WILKS			Director Name DAVID L. SCHULTZ		
Street Address 9737 GREAT HILLS TRAIL, SUITE 100			Street Address 9737 GREAT HILLS TRAIL, SUITE 100		
City AUSTIN	State TX	Zip 78759	City AUSTIN	State TX	<i>Zip</i> 78759
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			Number of Shares	Class/Series	Par Value
			138	COMMON	\$0.00
This report must be executed of this report must be executed or				tion is in the hands of a	receiver or trustee,

12:07	Under penalty of perjury, I declare and affirm that I have examined this report, including apy accompanying schedules and statements, and that all statements
File Date FILED	Contained herein are true and correct. Signature Signature Date
SEP 1 3 2010 By: FOR SECRETARY OF COUNTY SOLUTION	Sheridan Foster Print or Type Name Secretary
TORONAL OF CATALOG CALL	Title Form 630 Rev. 08/08