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|--|-----------------------|---|-------|--|---------|------------------|--|
| No. C 143280 | | Due no later than Apr 30, 2012 | | 2. Registered Agent and Address (NO PO BOX) | | | |
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE | | 1. Mailing Address: Correct in this box if needed. DIAGNOSTIC PATHOLOGY SERVICES, INC. DR JOSEPH KRONZ 1512 12TH AVE RD NAMPA ID 83686 | | DR. JOSEPH KRONZ 1512 12TH AVE RD NAMPA ID 83686 | | | |
| | | | | 3. <u>New</u> Registered Agent Signature:* | | | |
| 4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional). | | | | | | | |
| Office Held | Name | Street or PO Address | City | State | Country | Postal Code | |
| SECRETARY | THOMAS M DONNDELINGER | 1512 12TH AVE RD | NAMPA | ID | USA | 83686 | |
| PRESIDENT | JOSEPH D KRONZ | 1512 12TH AVE RD | NAMPA | ID | USA | 83686 | |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | |
| ID C 143280 | | Signature: Joseph D Kronz, M.D. | | | | Date: 02/13/2012 | |
| | | Name (type or print): Joseph D Kronz, M.D. | | | | Title: President | |
| Processed 02/13/2012 | | * Electronically provided signatures are accepted as original signatures. | | | | | |