

1.) CORPORATION NAME:

**Specialists On Call, Inc.**

DUE DATE: **6/30/2010**

SCC ID NO: **F1794322**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

**AUTH IN VI  
CORPORATION SERVICE COMPANY  
11 S 12TH ST  
PO BOX 1463**

5.) STOCK INFORMATION

| CLASS  | AUTHORIZED  |
|--------|-------------|
| PREFER | 138,953,105 |
| COMMON | 101,150,126 |

**RICHMOND, VA 23218**

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**RICHMOND CITY**

4.) STATE OR COUNTRY OF INCORPORATION:

**DE**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 31200 VIA COLINAS SUITE 203

CITY/ST/ZIP: WESTLAKE VILLAGE, CA 91362-

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

OFFICER       DIRECTOR

NAME: JOE PETERSON, M.D.  
TITLE: PRESIDENT  
ADDRESS: 31200 VIA COLINAS  
SUITE 203  
CITY/ST/ZIP/CO: WESTLAKE VILLAGE, CA 91362-

OFFICER       DIRECTOR

NAME: DAVID HIATT  
TITLE: TREASURER  
ADDRESS: 31200 VIA COLINAS  
SUITE 203  
CITY/ST/ZIP/CO: WESTLAKE VILLAGE, CA 91362-

OFFICER       DIRECTOR

NAME: JOE PETERSON, M.D.  
TITLE: SECRETARY  
ADDRESS: 31200 VIA COLINAS  
SUITE 203  
CITY/ST/ZIP/CO: WESTLAKE VILLAGE, CA 91362-

OFFICER       DIRECTOR

NAME: DAVID BUTTERWORTH  
TITLE: DIRECTOR  
ADDRESS: 31200 VIA COLINAS  
SUITE 203  
CITY/ST/ZIP/CO: WESTLAKE VILLAGE, CA 91362-

|   |   |
|---|---|
| NAME: FRANCIS X. EGAN<br>TITLE: DIRECTOR<br>ADDRESS: 31200 VIA COLINAS<br>SUITE 203<br>CITY/ST/ZIP/CO: WESTLAKE VILLAGE, CA 91362-    | <input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR |
| NAME: FRED C. GOAD<br>TITLE: DIRECTOR<br>ADDRESS: 31200 VIA COLINAS<br>SUITE 203<br>CITY/ST/ZIP/CO: WESTLAKE VILLAGE, CA 91362-       | <input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR |
| NAME: BEVIL J. HOGG<br>TITLE: DIRECTOR<br>ADDRESS: 31200 VIA COLINAS<br>SUITE 203<br>CITY/ST/ZIP/CO: WESTLAKE VILLAGE, CA 91362-      | <input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR |
| NAME: L. KEITH MULLINS<br>TITLE: DIRECTOR<br>ADDRESS: 31200 VIA COLINAS<br>SUITE 203<br>CITY/ST/ZIP/CO: WESTLAKE VILLAGE, CA 91362-   | <input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR |
| NAME: JOE PETERSON, M.D.<br>TITLE: DIRECTOR<br>ADDRESS: 31200 VIA COLINAS<br>SUITE 203<br>CITY/ST/ZIP/CO: WESTLAKE VILLAGE, CA 91362- | <input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR |
| NAME: JIM SIMS<br>TITLE: CHAIRMAN<br>ADDRESS: 31200 VIA COLINAS<br>SUITE 203<br>CITY/ST/ZIP/CO: WESTLAKE VILLAGE, CA 91362-           | <input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR |
| NAME: A. TRAVIS SPITZER<br>TITLE: DIRECTOR<br>ADDRESS: 31200 VIA COLINAS<br>SUITE 203<br>CITY/ST/ZIP/CO: WESTLAKE VILLAGE, CA 91362-  | <input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR |

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

|   |                                  |           |
|---|----------------------------------|-----------|
| /s/ JOE PETERSON, M.D.                              | JOE PETERSON, M.D.,<br>PRESIDENT | 3/22/2011 |
| SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT | PRINTED NAME AND CORPORATE TITLE | DATE      |

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.