

1.) CORPORATION NAME:

Specialists On Call, Inc.

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

AUTH IN VI

CORPORATION SERVICE COMPANY

Bank of America Center, 16th Floor

1111 East Main Street

RICHMOND, VA 23219

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

DE

DUE DATE: **6/30/2011**

SCC ID NO: **F1794322**

5.) STOCK INFORMATION

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

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.

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

OFFICER

DIRECTOR

NAME: JIM SIMS
TITLE: CHAIRMAN
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-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: FRANCIS X. EGAN TITLE: DIRECTOR ADDRESS: 31200 VIA COLINAS SUITE 203 CITY/ST/ZIP/CO: WESTLAKE VILLAGE, CA 91362-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: FRED C. GOAD TITLE: DIRECTOR ADDRESS: 31200 VIA COLINAS SUITE 203 CITY/ST/ZIP/CO: WESTLAKE VILLAGE, CA 91362-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: BEVIL J. HOGG TITLE: DIRECTOR ADDRESS: 31200 VIA COLINAS SUITE 203 CITY/ST/ZIP/CO: WESTLAKE VILLAGE, CA 91362-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: L. KEITH MULLINS TITLE: DIRECTOR ADDRESS: 31200 VIA COLINAS SUITE 203 CITY/ST/ZIP/CO: WESTLAKE VILLAGE, CA 91362-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: JOE PETERSON, M.D. TITLE: DIRECTOR ADDRESS: 31200 VIA COLINAS SUITE 203 CITY/ST/ZIP/CO: WESTLAKE VILLAGE, CA 91362-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: A. TRAVIS SPITZER TITLE: DIRECTOR ADDRESS: 31200 VIA COLINAS SUITE 203 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., PRESIDENT	6/8/2011
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.