

State of California
Secretary of State



10-187044

FILED
in the office of the Secretary of State
of the State of California

SEP 27 2010

STATEMENT OF INFORMATION

(Domestic Stock and Agricultural Cooperative Corporations)

FEES (Filing and Disclosure): \$25.00. If amendment, see instructions.

IMPORTANT — READ INSTRUCTIONS BEFORE COMPLETING THIS FORM

This Space For Filing Use Only

1. **CORPORATE NAME** (Please do not alter if name is preprinted.)

C1353501

BUN RAYMOND LIM MEDICAL CORPORATION
3030 W. OLYMPIC BLVD SUITE 206
LOS ANGELES, CA 90006

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DUE DATE:

COMPLETE ADDRESSES FOR THE FOLLOWING (Do not abbreviate the name of the city. Items 2 and 3 cannot be P.O. Boxes.)

2. STREET ADDRESS OF PRINCIPAL EXECUTIVE OFFICE	CITY	STATE	ZIP CODE
3030 W. OLYMPIC BLVD SUITE 206	LOS ANGELES	CA	90006
3. STREET ADDRESS OF PRINCIPAL BUSINESS OFFICE IN CALIFORNIA, IF ANY	CITY	STATE	ZIP CODE
3030 W. OLYMPIC BLVD SUITE 206	LOS ANGELES	CA	90006
4. MAILING ADDRESS OF THE CORPORATION, IF DIFFERENT THAN ITEM 2	CITY	STATE	ZIP CODE

NAMES AND COMPLETE ADDRESSES OF THE FOLLOWING OFFICERS (The corporation must have these three officers. A comparable title for the specific officer may be added; however, the preprinted titles on this form must not be altered.)

5. CHIEF EXECUTIVE OFFICER/	ADDRESS	CITY	STATE	ZIP CODE
BUN RAYMOND LIM, MD	3030 W. OLYMPIC BLVD SUITE 206	LOS ANGELES	CA	90006
6. SECRETARY/	ADDRESS	CITY	STATE	ZIP CODE
MYOZA THERESA LIM, MD	3030 W. OLYMPIC BLVD SUITE 206	LOS ANGELES	CA	90006
7. CHIEF FINANCIAL OFFICER/	ADDRESS	CITY	STATE	ZIP CODE
MYOZA THERESA LIM, MD	3030 W. OLYMPIC BLVD SUITE 206	LOS ANGELES	CA	90006

NAMES AND COMPLETE ADDRESSES OF ALL DIRECTORS, INCLUDING DIRECTORS WHO ARE ALSO OFFICERS (The corporation must have at least one director. Attach additional pages, if necessary.)

8. NAME	ADDRESS	CITY	STATE	ZIP CODE
MYOZA THERESA LIM, MD	3030 W. OLYMPIC BLVD SUITE 206	LOS ANGELES	CA	90006
9. NAME	ADDRESS	CITY	STATE	ZIP CODE
10. NAME	ADDRESS	CITY	STATE	ZIP CODE

11. NUMBER OF VACANCIES ON THE BOARD OF DIRECTORS, IF ANY:

AGENT FOR SERVICE OF PROCESS (If the agent is an individual, the agent must reside in California and Item 13 must be completed with a California street address (a P.O. Box address is not acceptable). If the agent is another corporation, the agent must have on file with the California Secretary of State a certificate pursuant to Corporations Code section 1505 and Item 13 must be left blank.)

12. NAME OF AGENT FOR SERVICE OF PROCESS

MYOZA THERESA LIM, MD

13. STREET ADDRESS OF AGENT FOR SERVICE OF PROCESS IN CALIFORNIA, IF AN INDIVIDUAL	CITY	STATE	ZIP CODE
3030 W. OLYMPIC BLVD SUITE 206	LOS ANGELES	CA	90006

TYPE OF BUSINESS

14. DESCRIBE THE TYPE OF BUSINESS OF THE CORPORATION

MEDICAL CORPORATION

15. BY SUBMITTING THIS STATEMENT OF INFORMATION TO THE CALIFORNIA SECRETARY OF STATE, THE CORPORATION CERTIFIES THE INFORMATION CONTAINED HEREIN, INCLUDING ANY ATTACHMENTS, IS TRUE AND CORRECT.

9/21/10
DATE

MYOZA THERESA LIM, MD
TYPE/PRINT NAME OF PERSON COMPLETING FORM

SECRETARY
TITLE

SIGNATURE