



# State of California Secretary of State

**S****E-H99212****FILED**In the office of the Secretary of  
State of the State of California**Jan - 3 2012**

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**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****1. CORPORATE NAME**C0952972  
ARTURO LIM, M.D., A MEDICAL CORPORATION**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 |
|----------------------------------------------------------------------|------|-------|----------|
| 3. STREET ADDRESS OF PRINCIPAL BUSINESS OFFICE IN CALIFORNIA, IF ANY | CITY | STATE | ZIP CODE |
| 4. MAILING ADDRESS OF THE CORPORATION, IF DIFFERENT THAN ITEM 2      | CITY | STATE | ZIP CODE |
| 2500 E FOOTHILL BLVD STE 501 PASADENA CA 91107                       |      |       |          |
|                                                                      |      |       |          |
|                                                                      |      |       |          |

**Names and Complete Addresses of the Following Officers** (The corporation must list 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 |
|-------------------------------------------------------------|---------|------|-------|----------|
| 6. SECRETARY                                                | ADDRESS | CITY | STATE | ZIP CODE |
| 7. CHIEF FINANCIAL OFFICER/                                 | ADDRESS | CITY | STATE | ZIP CODE |
| ARTURO LIM 2500 E FOOTHILL BLVD. STE 501 PASADENA, CA 91107 |         |      |       |          |
| ARTURO LIM 2500 FOOTHILL BLVD STE 501 PASADENA, CA 91107    |         |      |       |          |
| ARTURO LIM 2500 FOTTHILL BLVD STE 501 PASADENA CA 91107     |         |      |       |          |

**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 |
|----------------------------------------------------------|---------|------|-------|----------|
| 9. NAME                                                  | ADDRESS | CITY | STATE | ZIP CODE |
| 10. NAME                                                 | ADDRESS | CITY | STATE | ZIP CODE |
| ARTURO LIM 2500 FOOTHILL BLVD STE 501 PASADENA, CA 91107 |         |      |       |          |
|                                                          |         |      |       |          |
|                                                          |         |      |       |          |

11. NUMBER OF VACANCIES ON THE BOARD OF DIRECTORS, IF ANY: 0

**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 California Corporations Code section 1505 and Item 13 must be left blank.)**12. NAME OF AGENT FOR SERVICE OF PROCESS**

ARTURO LIM

| 13. STREET ADDRESS OF AGENT FOR SERVICE OF PROCESS IN CALIFORNIA, IF AN INDIVIDUAL | CITY | STATE | ZIP CODE |
|------------------------------------------------------------------------------------|------|-------|----------|
| 2500 FOOTHILL BLVD STE 501 PASADENA, CA 91107                                      |      |       |          |

**Type of Business****14. DESCRIBE THE TYPE OF BUSINESS OF THE CORPORATION**

MEDICAL OFFICE

**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.**

01/03/2012

DATE

ARTURO LIM

TYPE OR PRINT NAME OF PERSON COMPLETING THE FORM

DR.

TITLE

SIGNATURE