



Dear Laboratory Director:

Attached below is your clinical laboratory license.
Your license is void after the expiration date below.

Expiration Date: JUNE 30, 2010

WESTCLIFF MEDICAL LABORATORIES, INC.
1821 EAST DYER ROAD SUITE 100
SANTA ANA, CA 92705

DISPLAY:

State law requires that the clinical laboratory license shall be conspicuously posted in the clinical laboratory.

CHANGE OF LABORATORY NAME, DIRECTOR, OWNER AND/OR ADDRESS:

State law requires that you notify this office **WITHIN 30 DAYS** of any change in ownership, name, location or laboratory directors. **YOUR LICENSE ALSO WILL BE AUTOMATICALLY REVOKED 30 DAYS AFTER A MAJOR OWNER AND/OR DIRECTOR CHANGE OCCURS.** Mail written notification of the above changes to the address indicated below:

California Department of Public Health
Laboratory Field Services, Facility Licensing Section
850 Marina Bay Parkway, Building P, 1st Floor
Richmond, CA 94804-6403

Thank you for your cooperation.

Tear Here

Labclin 11/28/07
Tear Here

**State of California Department of Public Health
Clinical Laboratory License**

In accordance with the provisions of Chapter 3, Division 2 of the Business and Professions Code, the persons named below are hereby issued a license authorizing operation of a clinical laboratory at the indicated address or other site(s) on file with the department.

WESTCLIFF MEDICAL LABORATORIES, INC.
361 HOSPITAL ROAD, SUITE 222
NEWPORT BEACH, CA 92663

OWNER(S):

WESTCLIFF MEDICAL LABORATORIES, INC.
PARTHENON INVESTORS, II, L.P.
ROBERT WHALEN
WILL KESSINGER
CASEY LYNCH
BRIAN D URBAN

DIRECTOR(S):

EUGENE POCOCK MD

CLIA Number: 05D0578685
Lab ID Number: CLF 2611
Effective Date: JULY 01, 2009
Valid Until: JUNE 30, 2010

Karen L. Nickel

Karen L. Nickel, Chief
Laboratory Field Services