



# State of California Secretary of State

**S****E-406966****FILED**In the office of the Secretary of State  
of the State of California**May - 10 2007****FEES (Filing and Disclosure): \$25.00. If amendment, see instructions.****IMPORTANT - READ INSTRUCTIONS BEFORE COMPLETING THIS FORM**1. **CORPORATE NAME** (Please do not alter if name is preprinted.)

C2976141

JOSEPH DONAHUE, M.D., MEDICAL CORPORATION

500 ARGUELLO STREET, SUITE 100  
REDWOOD CITY, CA 94063

This Space For Filing Use Only

**CALIFORNIA CORPORATE DISCLOSURE ACT** (Corporations Code section 1502.1)

A publicly traded corporation must file with the Secretary of State a Corporate Disclosure Statement (Form SI-PT) annually, within 150 days after the end of its fiscal year. Please see reverse for additional information regarding publicly traded corporations.

**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 AND STATE

ZIP CODE

500 ARGUELLO STREET, SUITE 100 REDWOOD CITY, CA 94063

3. STREET ADDRESS OF PRINCIPAL BUSINESS OFFICE IN CALIFORNIA, IF ANY

CITY

STATE

ZIP CODE

500 ARGUELLO STREET, SUITE 100 REDWOOD CITY, CA 94063

**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.)

4. CHIEF EXECUTIVE OFFICER/

ADDRESS

CITY AND STATE

ZIP CODE

JOSEPH DONAHUE, M.D. 500 ARGUELLO STREET, SUITE 100 REDWOOD CITY, CA 94063

5. SECRETARY/

ADDRESS

CITY AND STATE

ZIP CODE

JOSEPH DONAHUE, M.D. 500 ARGUELLO STREET, SUITE 100 REDWOOD CITY, CA 94063

6. CHIEF FINANCIAL OFFICER/

ADDRESS

CITY AND STATE

ZIP CODE

JOSEPH DONAHUE, M.D. 500 ARGUELLO STREET, SUITE 100 REDWOOD CITY, CA 94063

**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.)

7. NAME ADDRESS CITY AND STATE ZIP CODE

JOSEPH DONAHUE, M.D. 500 ARGUELLO STREET, SUITE 100 REDWOOD CITY, CA 94063

8. NAME ADDRESS CITY AND STATE ZIP CODE

9. NAME ADDRESS CITY AND STATE ZIP CODE

10. NUMBER OF VACANCIES ON THE BOARD OF DIRECTIONS, IF ANY:

**AGENT FOR SERVICE OF PROCESS** (If the agent is an individual, the agent must reside in California and Item 12 must be completed with a California address. 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 12 must be left blank.)

11. NAME OF AGENT FOR SERVICE OF PROCESS

JOSEPH DONAHUE, M.D.

12. ADDRESS OF AGENT FOR SERVICE OF PROCESS IN CALIFORNIA, IF AN INDIVIDUAL

CITY

STATE

ZIP CODE

500 ARGUELLO STREET, SUITE 100 REDWOOD CITY, CA 94063

**TYPE OF BUSINESS**

13. DESCRIBE THE TYPE OF BUSINESS OF THE CORPORATION

MEDICAL PRACTICE

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

JOSEPH DONAHUE, M.D.

TYPE OR PRINT NAME OF PERSON COMPLETING THE FORM

SIGNATURE

PRESIDENT

TITLE

05/10/2007

DATE