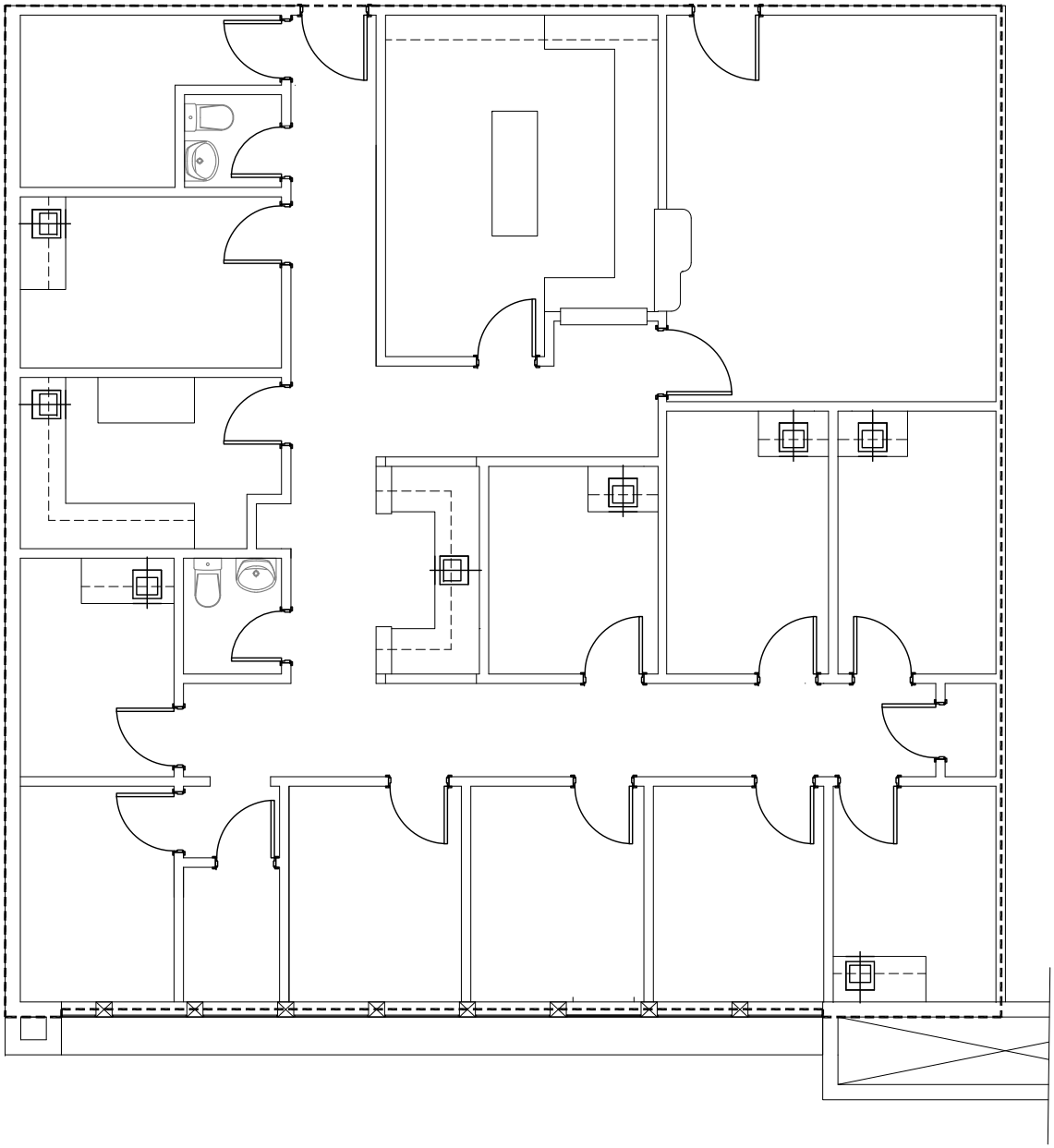

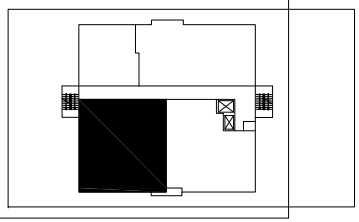

CLIENT:

ST. JOSEPH HEALTH SYSTEM

CONSULTANT:

KEY PLAN:

CONSULTANT STAMP OR STATE APPROVAL:

ISSUE RECORD:

| DATE | REVISION | DESCRIPTION |
|---|---|---|
| 07/13/09 | – | |

093301
PROJECT NUMBER

ST. JOSEPH HEALTH SYSTEM
MISSION HOSPITAL LAGUNA BEACH
31852 COAST HIGHWAY, LAGUNA BEACH, CA 92651
PHYSICIANS CENTER EAST MOB

PROJECT DESCRIPTION

# SUITE 304

3RD FLOOR PLAN

Not To Scale

SHEET DESCRIPTION

ID-3.03

SHEET NUMBER

DESIGN TEAM:

DESIGNED BY: ____ DRAWN BY: ____ REVIEWED BY: ____