No. C 49340		Due no later than Apr 30, 2014		2. Registered Ag	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form			LEE WARREN PARSONS, M.D.			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		1. Mailing Address: Correct in this box if needed. OB/GYN ASSOCIATES, P.A. NICOLE M BROWN 3520 E LOUISE DR MERIDIAN ID 83642 USA			3520 E LOUISE DR MERIDIAN ID 83642 3. New Registered Agent Signature:*			
2000 00 00		ess Addresses of Pre	sident, Secretary, and Directors. Trea					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
VICE PRESIDENT	BECKY S URANGA		3520 E LOUISE DRIVE	MERIIDAN	ID	USA	83642	
PRESIDENT	SCOTT B ARMSTRONG		3520 E LOUISE DRIVE	MERIDIAN	ID	USA	83642	
SECRETARY	HARMONY R SCHROEDER		3520 E LOUISE DRIVE	MERIDIAN	ID	USA	83642	
TREASURER	LEE W PARSONS		3520 E LOUISE DRIVE	MERIDIAN	ID	USA	83604	
DIRECTOR	PHILLIP C AGRUSA		3520 E LOUISE DRIVE	MERIDIAN	ID	USA	83642	
DIRECTOR	THEODORE W COLWELL		3520 E LOUISE DRIVE	MERIDIAN	ID	USA	83642	
DIRECTOR	MICHAEL J	ROBINSON	3520 E LOUISE DRIVE	MERIDIAN	ID	USA	83642	
5. Organized Under the Laws of: 6. A		6. Annual Report must be signed.*						
ID C 49340		Signature: Nicole Brown		Date: 0	Date: 05/08/2014			
		Name (type or print): Nicole Brown		Title: I	Title: Executive Director			
Processed 05/08/2014		* Electronically prov	ided signatures are accepted as origin	al signatures.				