No. **C 139270**	**Due no later than May 31, 2012** **Annual Report Form**	2. Registered Agent and Address **(NO PO BOX)**
Return to: 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.** TAK-MING KO, M.D., P.A. TAK-MING KO 1165 SKYLINE DRIVE TWIN FALLS ID 83301	TAK MING KO 1165 SKYLINE DRIVE TWIN FALLS ID 83301 3. New Registered Agent Signature:*

4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).

Office Held	Name	Street or PO Address	City	State	Country	Postal Code
PRESIDENT	TAK-MING KO	1165 SKYLINE DRIVE	TWIN FALLS	ID	USA	83301

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **C 139270**	Signature: Tak-ming Ko	Date: 04/17/2012
	Name (type or print): Tak-ming Ko	Title: President

Processed 04/17/2012

* Electronically provided signatures are accepted as original signatures.