No. C 135799	Due no later than Sep 30, 2009	2. Registered Agent and Address (NO PO BOX)			
Return to:	Annual Report Form	ROBERTO A NEGRON MD			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address: Correct in this box if needed. ROBERTO A. NEGRON, M.D., P.C. ROBERTO A NEGRON MD 413 N ALLUMBAUGH STE 101 BOISE ID 83704	BOISE ID	339 ALLUMBAUGH BOISE ID 83704 8. New Registered Agent Signature:*		
NO FILING FEE IF RECEIVED BY DUE DATE					
4. Corporations: Enter Names and Busin	ess Addresses of President, Secretary, and Directors. Treasurer	(optional).			
Office Held Name	Street or PO Address	City	State	Country	Postal Code
SECRETARY MOLLY NEGF	RON 413 N ALLUMBAUGH ST SUITE 101	BOISE	ID	USA	83704
Organized Under the Laws of: 6. Annual Report must be signed.*					
ID	Signature: Jennifer Burch	Date: 08/05/2009			
C 135799	Name (type or print): Jennifer Burch	Title: Business Manager			
Processed 08/05/2009	* Electronically provided signatures are accepted as original signatures.				