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| No. C 138544 | | Due no later than Apr 30, 2013 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. A.P.B. MEDICAL, P.C. ALICE BLAKE 1216 N 21ST BOISE ID 83702 | | ALICE BLAKE MD 1216 N 21ST BOISE ID 83702 | | | |
| | | | | | | 3. <u>New</u> 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 | |
| SECRETARY | TRACEY A SHEEHAN | 1216 NORTH 21 ST STREET | BOISE | ID | USA | 83702-2407 | |
| PRESIDENT | ALICE P BLAKE | 1216 NORTH 21 ST STREET | BOISE | ID | USA | 83702-2407 | |
| 5. Organized Under the Laws of: ID C 138544 | | 6. Annual Report must be signed.* Signature: Alice Blake Name (type or print): Alice Blake | | | | | |
| Processed 03/27/2013 | | * Electronically provided signatures are accepted as original signatures. Date: 03/27/2013 Title: President | | | | | |