

No. <b>C 119366</b>		<b>Due no later than May 31, 2016</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>		
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>Annual Report Form</b>  <b>1. Mailing Address: Correct in this box if needed.</b>  STEVEN E. OZERAN, M.D., P.A. STEVEN E OZERAN 1630 23RD AVE #901 A LEWISTON ID 83501		STEVEN E OZERAN 1630 23RD AVENUE, SUITE 901A LEWISTON ID 83501		
				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
TREASURER	STEVEN E OZERAN	1630 23RD AVENUE, SUITE 901A	LEWISTON	ID	USA	83501
SECRETARY	STEPHANIE N OZERAN	1630 23RD AVENUE, SUITE 901A	LEWISTON	ID	USA	83501
PRESIDENT	STEVEN E OZERAN	1630 23RD AVENUE, SUITE 901A	LEWISTON	ID	USA	83501
5. Organized Under the Laws of:  <b>ID C 119366</b>		6. Annual Report must be signed.* Signature: steven E Ozeran Name (type or print): steven E Ozeran  Date: 03/22/2016 Title: MD PA				
Processed 03/22/2016		* Electronically provided signatures are accepted as original signatures.				