No. **C 138544**	**Due no later than Apr 30, 2016**	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**	**Annual Report Form** **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. 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
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:	6. Annual Report must be signed.*	
ID **C 138544**	Signature: Alice Blake	Date: 03/09/2016
	Name (type or print): Alice Blake	Title: MD

Processed 03/09/2016

* Electronically provided signatures are accepted as original signatures.